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IDENTIFIERS	Individuals with Disabilities Education Act Part H; Mississippi

ABSTRACT

This final report discusses the activities of the Mississippi Early Education Program for Children with Multiple Disabilities, a program designed to train Individuals with Disabilities Education Act Part H service coordinators and service providers to use family centered strategies. Two levels of training activities were implemented. The first level of training activities included inservice training sessions in which changes in information and knowledge were targeted for families, service coordinators, and service providers. The second level involved more intensive training activities, in which project staff accompanied service providers into homes and used a mentoring process to help the providers and families adopt intervention strategies. Training modules are attached and include: (1) a condensed version of the training modules; (2) a module for focusing on a better approach to family centeredness; (3) a module for integrating communication skills into functional routines and activities; (4) a module for developing communication skills in learners with severe disabilities; (5) a model for transitioning into a preschool program; and (6) a module for embedding intervention targets into caregiving routines and other activities of the families choice. An instructional videotape is included, along with an information packet on BRIDGES (Bringing Resources, Inclusion, and Developmentally Appropriate Gains to Every Child in Mississippi). (CR)

A Mechanism to Utilize Integrated Early Intervention Teams for Infants & Toddlers with Multiple Disabilities

Early Education Program for Children with Multiple Disabilities

ED 417 570

FINAL REPORT

Early Education Program for Children with Disabilities
U.S. Department of Education
Grant Number: H024B20011
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II. ABSTRACT

Mississippi Early Education Program for Children with Multiple Disabilities

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The Mississippi Early Education Program for Children with Multiple Disabilities was designed to train Part H service coordinators and service providers to use family centered strategies that: (a) are sensitive to cultural differences, (b) increase family participation, (c) incorporate multiple child skills into care giving routines and family activities, and (d) promote effective, inclusive transitions. Two levels of training activities were implemented during the replication phase of the project. The first level of training activities included numerous inservice training sessions in which changes in information and knowledge were targeted for families, service coordinators and service providers. The second level involved more intensive training activities, where project staff accompanied service providers into individual homes and used a "mentoring" process to help the providers and families adopt the intervention strategies.

The major activities accomplishments during the replication phase are:

1. Establishment of a web site (www.msdb.org) which contains the module for utilizing interactor skills within care giving routines.
2. Collaborating and coordinating with multiple agencies to: (a) initiate and implement a statewide effort, **B**ringing **R**esources, **I**nclusion, and **D**evelopmentally Appropriate **G**ains to **E**very Child in Mis**S**issippi, **BRIDGES**, which is making developmental information available to all interested parties, and (b) select service providers for 'mentoring' training.
3. Assisting agencies to: (a) transition children into inclusive preschool programs, (b) provide inservice training for Head Start and LEA's, and (c) provide direct technical assistance to those programs.
4. Modifying training materials so there is a "goodness to fit" across agency procedures, multiple-agency early intervention plans, skills of service providers, and child/family needs and choices.

The training modules developed by the project have been consolidated into one module, which comprehensively covers the model advanced by this project. The module is entitled *Condensed Version of Training Modules Produced by The Early Education Program for Children with Multiple Disabilities.* The module is accompanied by a video, which provides clear examples of the material presented. The project module is also incorporated into the **BRIDGES** publication, which will continue to be distributed through the **BRIDGES** collaborative.

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IV. PROJECT GOALS AND OBJECTIVES

Specific activities were developed and implemented to support the five major objectives of the grant. It became logical to combine some of the objectives as explained below. The objectives of the grant were accomplished as follows:

Objective 1.0 - Forty service providers within each of three Health Districts will receive inservice training to increase family participation in the development and implementation of the IFSP.

Objective 2.0 - Forty service providers will receive inservice training to increase family-centered services that reflect cultural sensitivity.

The above objectives were combined when the training modules were consolidated, as justified in the October 1996 Performance Report. Prior to that time, these trainings were performed separately. Data on the location, topic, number of participants, and evaluation of the trainings are listed in Appendix A, Table 1 . These objectives comprise the first level of the project's replication activities.

Objective 3.0 - Thirteen special instructors will receive 'mentor' follow-along training to increase their knowledge of infants with multiple disabilities and to increase their skills and competencies in incorporating developmental skills into caregiving routines and family activities.

Objective 4.0 - Thirteen special instructors will receive training to conduct systematic, databased training to evaluate the effectiveness of early intervention activities.

These objectives were combined because together they comprise the second level of the project's replication training activities. As reported in the October 1996 Performance Report, the 'special instructor' positions promised by the Department of Health never materialized. Therefore, the project had to recruit volunteers for the 'mentoring' training from providers contracted through Part H and early interventionists employed by the Department of Mental Health. This affected the location of the 'mentored' service providers as well as the number of children they chose to seek assistance with. Although the project was still able to 'mentor' thirteen service providers, it became necessary to streamline the process to more effectively serve the needs and interests of the voluntary participants. Over time, project staff learned that it was most beneficial to have the service providers identify or develop a routine with the child Appendix B (Form A), incorporate the interactor skills Appendix B(Form B), and later integrate the child's critical developmental skills into that routine Appendix B(Form C). This process replaced the form which rated service providers on their implementation of the techniques, and accordingly placed each in the more self-directed role of an active, adult learner. The number of routines developed per 'mentored' service provider are listed in Appendix A, Table 3.

Objective 5.0 - Forty service providers will receive training in order to facilitate effective transitions.

This objective was accomplished as delineated in Appendix A, Table 4. In addition, the project provided direct technical assistance to children and their families as they transitioned to preschool Appendix A, Table 5.

V. CONCEPTUAL FRAMEWORK

The conceptual framework of the project was to train and mentor coordinators and service providers to use family-centered strategies that: (a) are sensitive to cultural diversity, (b) increase family participation, (c) incorporate multiple child skills into caregiving routines and family activities, and (d) promote effective, inclusive transitions. The framework for the project involved two levels of training activities which were implemented during the replication phase of the project. The first level included numerous inservice training sessions in which changes in information and knowledge were targeted for families, service coordinators, and service providers. The second level involved more intensive training activities, where project staff accompanied service providers into individual homes and used a 'mentoring' process to help the providers and families adopt the intervention strategies.

VI. MODEL AND PARTICIPANTS

The Replication Model is presented in Appendix C, Figure 1. Interagency teaming and Family Systems are the major focus of replication efforts. Two different levels of training activities were conducted. In Component 1 participants received inservice training in which a change in information and knowledge was targeted. Component 2 involves a "special instructor/mentor" strategy in which demonstrations, coaching, feedback, and tracking were used in databased, follow-along training in which one of the project's staff members were responsible for serving as a "mentor" to 2-3 special instructors. Specific competencies were measured throughout the training. The mentors demonstrated skills within the home-based training and provided positive feedback. Tracking data was reviewed outside of the family's home.

The major activities and accomplishments during the replication have been:

1. Collaborating and coordinating with multiple agencies to: (a) initiate a statewide effort, BRIDGES, which is making developmental information available to all interested parties, and (b) service providers for 'mentoring' training.

2. Assisting agencies to: (a) transition children into inclusive preschool programs, (b) provide inservice training for Head Start/LEA programs, and (c) provide direct technical assistance to those programs.

3. Modifying training materials so there is a "goodness of fit" across agency procedures, multiple-agency early intervention plans, the skills of service providers, and child/family needs and wishes.

The numbers of participants who received training during Years 4 & 5 of the replication project are shown in Appendix A, Table 2. Participants are listed across the different agencies. Project staff were assigned roles and responsibilities across Health Districts and across topics for inservice training.

VII. LOGISTICAL MODIFICATIONS

Two of the Health Districts (V & VIII) within the state have greater access to both training activities and center-based services than do the remaining seven districts. Districts I & III represent low-income, rural areas of the Delta. These Districts identified a number of infants/toddlers with severe, multiple disabilities. For example, seven children with dual vision and hearing impairments, in conjunction with severe motor impairments were identified in District III within 5 years of the grant. Health Districts I & III had the most need for service providers and for training. Whereas District IX is located on the coast and has a service network, Mental Health is initiating a new center/home-based program in the eastern part of the district. Additionally, this district has two military bases and a large population of Vietnamese. Figure 2, Appendix C, presents a map of Mississippi and the corresponding Health Districts. Health Districts II, IV, & VII were targeted in Year 5. The rationale for training staff across agencies in both home-based and centered based models includes:

1. The need to increase interagency collaboration and emphasize a cohesive statewide system.
2. The need to increase the skills and competencies of all service providers in an interagency team approach.
3. The need to increase family involvement and family competencies regardless of a center-based or home-based service delivery system.

VIII. EVALUATION FINDINGS

see data tables referenced with objectives

IX. & X. PROJECT IMPACT AND FUTURE ACTIVITIES

As reported in the October 1996 Performance Report, the original five training modules developed by the project have been consolidated into one which comprehensively covers the conceptual framework advanced by this project. The module is enclosed and is entitled *Condensed Version of Training Modules Produced by The Early Education Program For Children with Multiple Disabilities*. The condensed version of the five modules, accompanied by a videotape, requires fewer hours of training time and module is more accommodating for the individuals requesting the training. The complete modules are used for intensive training such as a two day workshop or week long institute. A video with graphics and voice-overs, Appendix D7, are available for both parents and special instructors to use directly with families.
The video tape includes:

1. Examples of Receptive Communication
2. Examples of Expressive Communication
3. Examples of Interactional Competencies
4. Transition Resume
5. Routines with Families:
    - Jacob goes to Physical Therapy
    - Dressing Routine with Danny
    - Jonathan: Lunch and Generalization

The interactional competencies are presented in Module I on the website initiated by this project as an effective way of disseminating information state wide. Development of the website will continue. (See Appendix D8)

The BRIDGES collaborative initiated by this project with the Mississippi Department of Education, Division of Instruction continues to evolve and promote sincere collaboration. This collaborative group has become a coalition of all agencies/organizations providing services for the preschool population birth through age five. The initiative continues to be called BRIDGES (**B**ring **R**esources, **I**nclusion, **D**evelopmentally Appropriate **G**ains to **E**very Child in MissisSippi) and the agencies/organizations include: Department of Health (Part H), Department of Mental Health, Mississippi Head Start, RAP, Early Childhood Representatives from Delta State University, University of Mississippi, Jackson State University, University of Southern Mississippi, Institute for Disability Studies, Friends of Children, Mississippi Arc, Parent Partners, and the Mississippi Forum on Children and Families. The committee has completed a publication which has been disseminated to over 700 families, professionals in education, health, and human services, public officials and anyone providing services for children birth through five. (See Appendix D9). The publication includes topical information developed by this Project. The BRIDGES concept is for ALL children, and strategies and techniques specific to multiple disabilities are integrated throughout. Training modules are being developed to present this information through technical assistance activities throughout the state.

The BRIDGES first organized effort was a September (1997) conference. The enclosed packet of material was disseminated to the 700 participants. The "Watch Me Grow" wheel was adapted and funded in part by this project. The wheel has been in much demand and has been reprinted and is being disseminated by the BRIDGES collaborative.

The impact of this project will be evident through these collaborative efforts. The training utilizing the module from this grant will continue to be provided to agencies, organizations, service providers, and families. Because these collaborative initiatives have been supported by the Department of Education, CSPD is being used for development and training. A part time person has been employed by the Department of Education to manage the BRIDGES collaborative.

XI

The full final report has been sent to ERIC and copies of the title page and abstract have been sent to the addresses listed in the format for the Final Report.

APPENDIX A

Table 1
Page 1 of 3

Inservice Trainings

DATE	TITLE	LOCATION	NUMBER OF PARTICIPANTS PROF.	PARA.	FAM.
9/95	Communication	Jackson - Jackson Public Schools	29		
9/95	Communication	Indianola - Head Start	9		2
10/95	Communication	Hattiesburg Public Schools	22		
10/95	Communication	Hattiesburg - USM Students	42		
10/95	Collaboration	Jackson - Miss. Early Childhood Assoc.	40		
11/95	Family Centeredness	Hattiesburg - Institite for Disabilities	2		
11/95	Cultural Diversity	Hattiesburg - Institite for Disabilities	2	2	
11/95	Integrated Teams	Washington, DC	100		
11/95	Multimedia and Training	Washington, DC - Poster Session	200		
11/95	Early Childhood Tech.	California - TASH	67	7	
1/96	Integrated Teams	Jackson - Hudspeth Regional Center	2		
2/96	Communication	Jackson - Hudspeth Regional Center	15		
2/96	Inclusion	Indianola - Head Start	12		2
2/96	Parent Empowerment	Jackson	15	31	3

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Table 1 Page 2 of 3

Inservice Trainings

Date	Title	Location	Prof.	Para.	Fam.
3/96	Adaptations for Assessment	Jackson - Miss. Association School Psychology	19	2	
3/96	Sign Language	Greenwood - Head Start	4		
4/96	Communication	Meridian - Ralieigh Early Intervention	5		
4/96	Communication	Oxford - Project RUN	27		
4/96	Multiple Disabilities	Tulsa	36		4
4/96	Communication	Belzoni - Humphery School District	19		
5/96	Functional Skills	Belzoni - Humphrey School District	24		
5/96	Communication	Canada	70		
5/96	Early Intervention - Collaboration	Hattiesburg - Department of Health, Institute for Disabilities	11		4
7/96	Communication	Hattiesburg - Hattiesburg Public Sch.	20		
7/96	Communication	Hattiesburg - University Students	7		
8/96	Communication	Hattiesburg - University Students	7		
8/96	Adult Services	Biloxi - Arc Conference	30		20
8/96	Inclusion	Jackson - Institute for Disabilities, STAIRS	9		

Inservice Trainings

Table 1 Page 3 of 3

Date	Title	Location	Prof.	Para.	Fam.
8/96	Interagency Collaboration	Greenville - Department of Health	3		
9/96	Early Intervention	Greenville - Department of Health	6		1
9/96	Communication	Hattiesburg - Head Start	4	4	
10/96	Early Intervention	Greenwood - Head Start	4		1
10/96	Communication	Hattiesburg - University Students		25	
12/96	Educational Programming	Madison - Madison County Schools	4		1
12/96	Early Identification	Jackson - Department of Health	25		
12/96	Communication and Mobility	Jackson - Department of Health - Service coordinator Conference	42		
2/97	Transition	Jackson - Department of Education	40		
2/97	Implementing Preschool and EI Programs	Jackson - Department of Education	200		
		TOTAL	1,151	71	38

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Table 2 **Group Trainings on Embedding Skills Module**

Page 1 of 3

DATE	DIST.	AGENCY	NUMBER OF PARTICIPANTS			# OF HOURS	MCCALLON	PRE	POST	% CHANGE
			PROF.	PARA.	FAM.					
2/96	III, IV, V	Mental Health	12			6	6.9			
2/96	VI	Parent Empower	13		31	2				
3/96	VI	Mental Health, Early Int.	6			3				
3/96	V	Hudspeth Regional, MH	12			8	6.7			
4/96	I	South MS Regional, MH	27			4	6.5			
4/96		Indianapolis, IN	21	6		8				
4/96	VI	Mental Health, Early Int.	4			3				
5/96	State	Hudspeth Regional, MH	8		2	3				
5/96	Out of State	B.C Canada	56	30		8				
5/96	VII	Dept of Health, Institute for Disabilities, Head Strt, LEA	10	8	2	7				
6/96	IV	Department of Health	8			3				

Table 2 Page 2 of 3

Group Trainings on Embedding Skills Module

Date	Dist.	Agency	Prof.	Para.	Fam.	# of hours	McCallon	Pre	Post	% Change
9/96	VIII	Laurel, Early Intervention	7			3	6.3	51	74.8	+23.8
9/96	III	First Steps, Health Dept.	12	2		3	6.2	67	100	+33
10/96	III	First Steps, Health Dept.	16			3	6.9	23	45	+23
10/96	State	Miss. Early Childhood Assoc.	10			1	6.7			
12/96	State	Department of Health	25			3				
1/97	III	Coahoma County Schools	13	1	1	3				
2/97	V	Willowood	30			2	6.5			
2/97	V	Miss. Christian Family Services	13			2				
2/97	State	State Department of Education	200			1				
4/97	VII	Mental Health - McComb	15			7	6.4	41.6	65	+23.4
4/97	IV	First Steps -Starkville	13			3	6.4			
4/97	III	Sunflower County Head Start	20			3				
5/97	V	Madison Public Schools	30			8	6.0			

Table 2 Page 3 of 3

Group Trainings on Embedding Skills Module

Date	Dist.	Agency	Prof.	Para.	Fam.	# of hours	McCallon	Pre	Post	% Change
5/97	I, II	North Ms Regional Center	30			8	6.0	53.5	65.3	+11.8
5/96	IX	South Ms Regional Center	11			2	6.5	58.2	81.8	+23.6
9/97	State	BRIDGES	200			5				
9/97	State	BRIDGES	150			3				
12/97	Out of State	Boston, Mass. - National Deaf-Blind Conference	100				Poster			
12/97	V	Madison County Schools	13	11		4				
		TOTALS	918	22	53	119	6.4	49	72	+23%

* McCallon Evaluations were not available for trainings less than 90 minutes.

Table 3 Mentoring - Number of Routines Developed per "Mentored" Service Provider

Health District	Provider	**Step 1**	**Step 2**
District IV	1	Incomplete: Timeframe	
	2	Incomplete: Timeframe	
District V	3	1 Reading Activity	1 Reading Activity
	4	1 Feeding Routine	1 Feeding Routine
	5	1 Art Activity	1 Art Activity
	6	1 Play Activity	1 Play Activity
District VI	7	Incomplete: Family Moved	
District VII	8	1 Feeding Routine; 1Play Activity	1 Feeding Routine; 1Play Activity
	9	1 Story-time Activity	1 Story-time Activity
	10	1 Story-time Activity	1 Story-time Activity
District IX	11	1 Social Interaction Activity	Medically Fragile - Deceased
	12	1 Lunch Routine; 1 Story-time Activity	1 Lunch Routine; 1 Story-time Activity

Table 4 **Trainings In Transition**

DATE	LOCATION	NUMBER OF PARTICIPANTS			MCCALLON	# OF HOURS
		PROF.	PARA.	FAM.		
10/95	Tupelo - Head Start	30	2	2		7
10/95	Miss. Early Childhood Assoc.	25				
11/95	Oxford - North Ms Regional Center	25	6		6.3	6
1/96	Jackson - Hudspeth Regional	40			6.5	3
4/96	Oxford - Project RUN	20			6.1	
4/96	Meridian - Early Intervention	4				3
5/96	Laurel - Statewide	16	2		6.6	6
10/96	Miss. Early Childhood Assoc.	16			6.7	1
10/96	Columbia - Head Start		20		6.5	2
2/97	Jackson - s Department of education	200				1
5/97	Coast - Statewide	55		7	6.5	8
8/97	Indianola - Head Start, LEA, Health Dept.	2	4	4	6.8	4
	TOTALS	423	32	13	6.5	41

Table 5
Page 1 of 2

Technical Assistance with Transition to Preschool

CHILD	THIRD BIRTHDAY	LOCATION (HEALTH DISTRICT)	TECHNICAL ASSISTANCE PROVIDED	JUSTIFICATION
H. N.	11/95	IX	Information to Family; In-Service to LEA	T.A. as Requested
T.B.	12/95	III	Information to Family; Homebound	Parental Choice
A. E.	1/96	V	Information to Family; Family enrolled in Head Start	T.A. as Requested
D.B.	3/96	VI	Information to Family; Training for homebound teacher	Home visits with teacher-
A.M.	4/96	IV	Information to Family; Service Provider and Family Training	Ongoing T.A.; LEA providing services
D.V.	6/96	III		Deceased
C.Z.	11/96	VII	Information to Family; continue Center based services until 5 yrs. Of age	Information to Family
H.P.	1/97	I	Information to Family	Information to Family
J.C..	4/97	III		Moved out of state
K.J.	4/97	VIII	Information to Family; Continue Center-based services until 5 yrs. Of age	T.A. as Requested
G.L	6/97	II	Information to Family	T.A. as Requested

Table 5 Page 2 of 2

Technical Assistance with Transition to Preschool

CHILD	THIRD BIRTHDAY	LOCATION	TECHNICAL ASSISTANCE PROVIDED	JUSTIFICATION
A.L.	7/97	V	Information to Family; Service Provider and Family Training	Ongoing; T.A. as Requested
J.J.	7/97	III	Information to Family	T.A. As Requested
T.W.	7/97	II	Previously enrolled in LEA Program; 3 On-Site visits; Inservice to LEA	T.A. As Requested
L.B.	8/97	III	Information to Family	T.A. As Requested
M.S.	10/97 (TWINS)	V	Information to Family; Transition Meeting	LEA providing services; T.A. As Requested
B.S.	10/97	V	Information to Family; Transition Meeting	LEA providing services; T.A. As Requested
A.C.	11/97	IX		Deceased
A.S.	2/98 (TWINS)	V	Information to Family; Service Provider and Family Training	Ongoing; T.A. as Requested
K.S.	2/98	V	Same As Above	Same As Above

TOTAL OF CHILDREN TRANSITIONING IN EACH HEALTH DISTRICT

I	II	III	IV	V	VI	VII	VIII	IX
1	2	5	1	6	1	1	1	2

APPENDIX B

FORM A

Name: ________________

Date: ________________

Step 1

Routine: ______________________
____

Interactional Process	
1. Prepare the child for the activity	
2. Announce what is about to happen prior to acting on the child	
3. Use correct positioning, handling & orientation/mobility techniques	
4. Select and place materials appropriately for each child's abilities	
5. Establish multiple opportunities for communication and movement	
6. Adapt activities creativity to promote each child's fullest participation	
7. Never settle for mere exposure-plan for each child's partial participation	
8. Develop consistent prompts and cues for individual children	
9. Take enough time to wait for the child's response	
10. Have a variety of methods for providing appropriate feedback to children	
11. Include peers and siblings to promote interactions within the activity	
12. Notify children when the activity is completed to provide closure	
13. Keep focused on the child's strengths to make every interaction positive	

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FORM B

Name: ________________

Date: ________________

Routine: ____________________ Step 2

Child Objectives

Interactional Process	**Adaptations**						
1. Prepare the child for the activity							
2. Announce what is about to happen prior to acting on the child							
3. Use correct positioning, handling & orientation/mobility techniques							
4. Select and place materials appropriately for each child's abilities							
5. Establish multiple opportunities for communication & movement							
6. Adapt activities creativity to promote each child's fullest participation							
7. Never settle for mere exposure-plan for each child's partial participation							
8. Develop consistent prompts and cues for individual children							
9. Take enough time to wait for the child's response							
10. Have a variety of methods for providing appropriate feedback to children							
11. Include peers and siblings to promote interactions within the activity							
12. Notify children when the activity is completed to provide closure							
13. Keep focused on the child's Strengths to make every interaction positive							

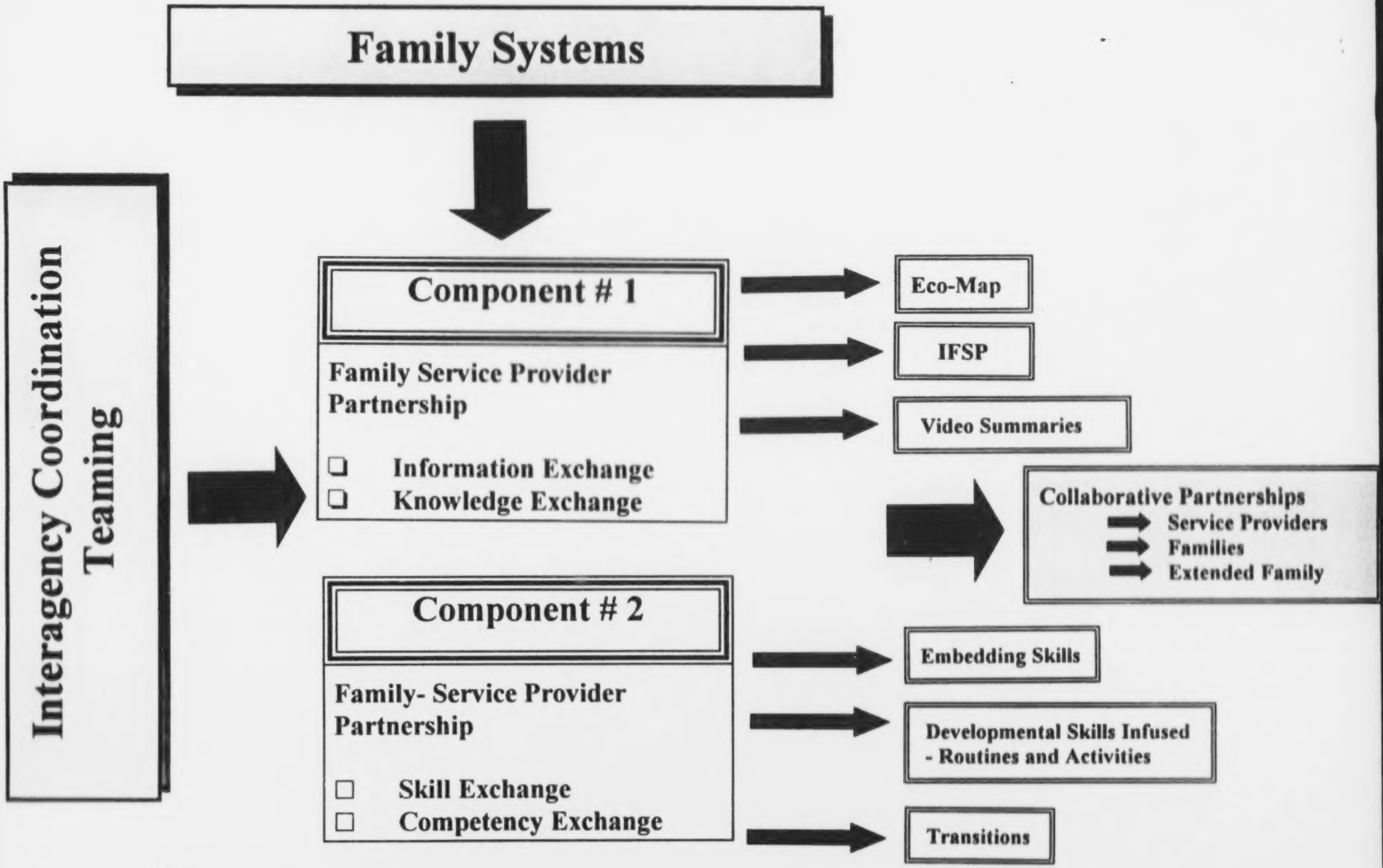
FORM C

Family Intervention Preferences

Routines/Activities	Part of a Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work:	
	Yes	No	Yes	No	Yes	Minimally	No	On	Within
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
(Other)									
________________									
________________									
With Siblings									
With Adults									
With Others									

APPENDIX C

FIGURE 1



Family Systems

Interagency Coordination Teaming

Component # 1

Family Service Provider Partnership

- ☐ Information Exchange
- ☐ Knowledge Exchange

Eco-Map

IFSP

Video Summaries

Collaborative Partnerships
- Service Providers
- Families
- Extended Family

Component # 2

Family- Service Provider Partnership

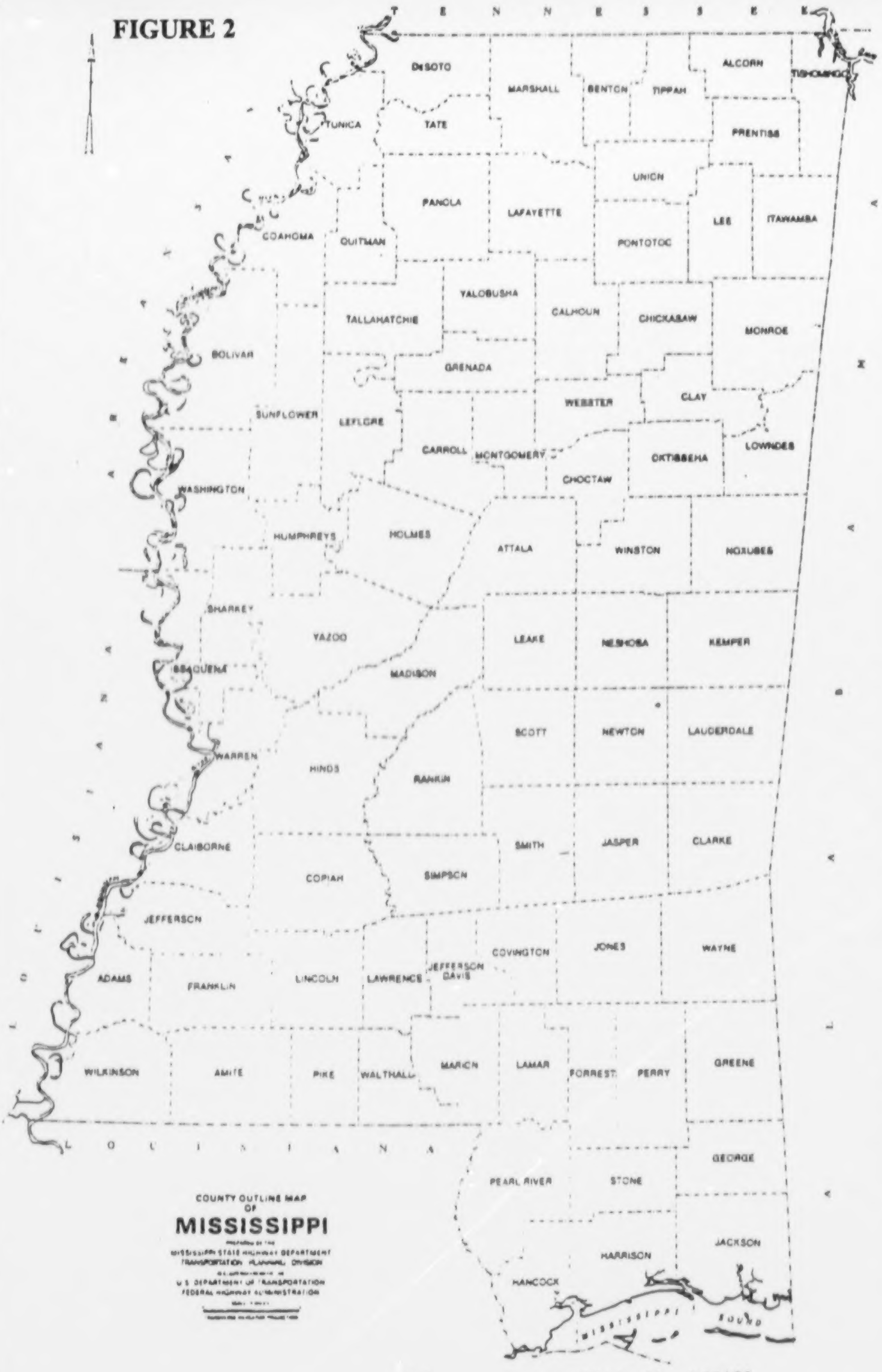
- ☐ Skill Exchange
- ☐ Competency Exchange

Embedding Skills

Developmental Skills Infused - Routines and Activities

Transitions

FIGURE 2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KEMPER
ISSAQUENA
MADISON
SCOTT
NEWTON
LAUDERDALE
WARREN
HINDS
RANKIN
CLAIBORNE
SMITH
JASPER
CLARKE
COPIAH
SIMPSON
JEFFERSON
COVINGTON
JONES
WAYNE
ADAMS
FRANKLIN
LINCOLN
LAWRENCE
JEFFERSON DAVIS
WILKINSON
AMITE
PIKE
WALTHALL
MARION
LAMAR
FORREST
PERRY
GREENE
PEARL RIVER
STONE
GEORGE
HARRISON
JACKSON
HANCOCK
MISSISSIPPI SOUND
GULF OF MEXICO
COUNTY OUTLINE MAP
OF
MISSISSIPPI
MISSISSIPPI STATE HIGHWAY DEPARTMENT
TRANSPORTATION PLANNING DIVISION
U S DEPARTMENT OF TRANSPORTATION
FEDERAL HIGHWAY ADMINISTRATION

APPENDIX D

Condensed Version of Training Modules Produced by The Early Education Program for Children with Multiple Disabilities

Focusing on :
Family Centeredness
Assessment and Evaluation
Intervention
Service Coordination
And Transition

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Appendix D1
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

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General Directions for the Trainer

The module presents major points to be made during the lecture. The transparencies to be used during the lecture are placed within the text for easy reference. The trainer should make transparencies from the pages titles TRANSPARENCIES to display during the lecture. The module contains:

Appendix A -	**Pre-Post - "What do you think?"** **Evaluation - McCallon Evaluation Scale (Adapted)** **Instructions and Answers for Pre-Post**
Appendix B -	**TRANSPARENCIES**

Objectives:

- The participants will identify the shift in models for providing intervention services.

- The participants will gain knowledge for providing family centered services.

- The participants will gain knowledge on evaluation and assessment.

- The participants will gain knowledge for utilizing a team approach to coordinating intervention with families.

- The participants be introduced to project model for intervention services.

- The participants will receive information for transitioning into a preschool/daycare.

APPENDIX A

Pre-Test________

WHAT DO YOU THINK?

1. Interventionists should focus only on those areas where a child is showing delays.

   TRUE FALSE

2. It is always important to address the concerns of the family.

   TRUE FALSE

3. Children learn more quickly and fully when skills are taught in isolation.

   TRUE FALSE

4. Young children with disabilities do not benefit from non-directed play.

   TRUE FALSE

5. Families can be taught to support and enhance their children's skills throughout the day.

   TRUE FALSE

6. Children do not need to be informed about what is going to happen; they will find out eventually.

   TRUE FALSE

7. Professionals have worked with a lot of children, so they generally know best what to do.

   TRUE FALSE

Post-Test________

WHAT DO YOU THINK?

1. Interventionists should focus only on those areas where a child is showing delays.

TRUE FALSE

2. It is always important to address the concerns of the family.

TRUE FALSE

3. Children learn more quickly and fully when skills are taught in isolation.

TRUE FALSE

4. Young children with disabilities do not benefit from non-directed play.

TRUE FALSE

5. Families can be taught to support and enhance their children's skills throughout the day.

TRUE FALSE

6. Children do not need to be informed about what is going to happen; they will find out eventually.

TRUE FALSE

7. Professionals have worked with a lot of children, so they generally know best what to do.

TRUE FALSE

Instructions for Scoring Pre-Post Test

The pre-post contains 7 questions to be answered by each participant. Both the pre and post test for each participant should be identified uniquely. The trainer may choose to number each pre-post set before the training to ensure correlation after the training.

Scoring:

1. **A total score of 100 points = 100%**
2. **Each question is counted as 14.2 points**
3. **Document the score of pre-test for each individual participant.**
4. **Adding each pre-test score, divide the total by the number of participants to get the mean score.**
5. **Document each post test score ensuring the pre-post are matched for each participant.**
6. **Adding each post test score, divide the total by the number of participants to get the mean score.**
7. **Document the percentage of participant change from the score of the pre test to the score of the post.**

Answers:

1. False
2. True
3. False
4. False
5. True
6. False
7. False

WORKSHOP EVALUATION SCALE[1]

Workshop Name: ______________________ Date: ______________________

Presenter: ______________________

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop should prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were: ______________________

____

____

The weaker features were: ______________________

____

____

General Comments: ______________________

____

____

---

[1] McCallon, E. (unknown). *Workshop evaluation scale.* Austin, Texas: Learning Concepts.

SXX10

APPENDIX B

TRANSPARENCIES

Transparency # 1

MODEL SHIFTS

OLD		NEW
DEFICIT.	to identifying......	strengths and abilities
DISABILITY.	to focusing on	capability and possibility
"FIX IT".	to providing......	family centered support services
ISOLATED.	to collaborating......	teams in natural environments
LABELS.	to respecting......	person first
SEGREGATED LEARNING.	to encouraging......	social interaction
PROFESSIONAL DECISION.	to valuing......	family input

Transparency # 2

THE MANY DEFINITIONS OF A FAMILY

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. P. 638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multi generational, with one parent, two parents, and Grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. . .A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity. . . Our families create neighborhoods, communities, states and nations.
   (Guidelines and Recommended Practices For the 'Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

Transparency # 3

VERBAL COMMUNICATION

DON'T	DO
◆ use all professional jargon ex: laws, P.L., abbreviations	◆ use words a parent can understand
◆ use words that will degrade the family. "Watch your tone"	◆ change your words to be positive and learn to encourage
◆ get into a power struggle with the family	◆ allow family to help make the decisions that will affect them
◆ change the language of the family	◆ accept the parents language ex: "affectionate," "confectionate"
◆ assume you always understand what they're trying to say	◆ acknowledge and clarify what you've heard
◆ assume they always understand what you are trying to say	◆ clarify what you are saying
◆ expect to say something one time and have the family understand	◆ repeat the important information over and over
◆ discuss barriers among professionals with parents	◆ remain neutral
◆ force your time	◆ acknowledge a possible need to reschedule

Transparency # 4

NONVERBAL COMMUNICATION

DON'T	DO
• sit away from the family	• sit close to the family
• sit with your back to the family	• sit facing the family
• ignore family silence	• listen to what the family is not saying
• let your eyes roam during the conversation	• look each family member in the eyes
• carry your body in a way that seems unconcerned	• let your posture show attentiveness
• let your facial expressions show negativity	• let your facial expressions show concern and/or approval
• overlook/neglect others present	• acknowledge all present
• change the home environment	• ask if you can change the environment if it is interfering with your task

Transparency # 5

Commonly Used Test for 0 - 3

Intended Purposes and Comparisons

NORM REFERENCED	CRITERION REFERENCED
COMPARES A CHILD'S PERFORMANCE WITH THAT OF HIS PEERS PROVING A STANDARD SCORE BASED UPON AGED NORMS.	COMPARES THE CHILD'S PERFORMANCE WITH A SET OF PREDETERMINED, DEVELOPMENTALLY, PROGRESSIVE SET OF SKILLS AND DOCUMENT INDIVIDUAL PROGRESS OVER TIME
Test procedures standardized and thus limited in flexibility, although some tests allow for specific adaptations. Used primarily for eligibility rulings based upon gross comparisons of the child's standing relative to typically developing peers.	Test procedures are more flexible and may be adapted as necessary to obtain the most reliable and accurate measure of the child's performance. Used primarily for programming based upon fine distinctions of the child's skills within a developmental sequence.

Transparency # 6

TIPS FOR DISCUSSING ASSESSMENT INFORMATION WITH FAMILIES

- **Discuss information with families as quickly as possible after children's special needs are suspected or formally identified.**
- **Use the primary language and communication style of the family, and ensure that terminology is clear and understandable.**
- **Set aside sufficient time for families and professionals to present information, ask questions, and provide emotional support.**
- **Provide families with an opportunity to decide on the appropriate family members and professionals to include in assessment conferences. Scheduling should allow for the participation of these designated team members.**
- **Honor family preferences for the amount of information they can absorb in one meeting. Continuing family and professional assessment feedback sessions are necessary, rather than only one or two sessions.**
- **Provide complete, unbiased information to families about their their children's strengths and needs. Throughout the discussion of all information, families need and look for hope and encouragement.**

Source:
McGonigel, M. J., Kaufman, R. K., & Johnson, B. H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2nd. Ed.).* National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)

Transparency # 7

Family Concerns:
Areas that family members identify as needs, issues, or problems they want to address as part of the IFSP process.

Family Priorities:
A family's agenda choices for how early intervention will be involved in family life.

Family Resources:
The strengths, abilities, and formal and informal supports that can be mobilized to meet family concerns, needs, or outcomes.

Source:
McGonigel, M. J., Kaufman, R. K. , & Johnson, B. H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2nd. Ed.).* National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)

Transparency # 8

TYPICAL FAMILY PRIORITIES

For our child, we want:

- independence
- personal happiness
- feelings of accomplishment
- respect
- ability to walk
- ability to communicate
- good friends
- understanding that he/she is loved
- employment
- skills to feed him/herself
- skills to dress him/herself
- comfortable enough to sleep through the night
- skills to drive car
- the experience of having a loving relationship with a member of the opposite sex
- to know and love God

For our family we want:

- social outings (especially restaurants)
- sleep-filled nights
- enjoyments of an evening out (as a couple)
- normal sibling relationships
- relatives and friends understand the nature of our child's disabilities
- help with planning some adaptations to our home

Source: Hunt, M., Cornelius, P., Leventhal, P al. (1990). *Into our lives.* Akron, OH: Children's Hospital Medical Center.

Transparency # 9

TEN STRATEGIES TO ENHANCE FAMILIES AS DECISION-MAKERS

- **SET THE STAGE.** The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.

- **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION.** Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.

- **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING.** Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.

- **RESPOND TO THE FAMILY'S VIEW.** Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.

- **LISTEN TO THE PROFESSIONALS' VIEWS.** Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.

- **CONFIRM FAMILY PROFESSIONAL AGREEMENT.** Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.

- **PROVIDE INFORMATION AS TO WHY.** Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.

- **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.

- **DECIDE HOW TO EVALUATE.** The professional needs to solicit ideas from the family and contribute his/her needs about how to measure progress and discuss progress as a team.

- **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. As the family how they would like to proceed: what strategies they think might be effective. (Vincent, TASH 1996).

Transparency # 10

Principles Underlying Professional Practice

◆ Children and families may have multiple and diverse needs and thus may have to draw on the resources of multiple disciplines and programs. Therefore, a team approach is necessary.

◆ The team should consist of family members and service providers. Membership will vary depending on family preferences, family strengths and needs, child needs, and agency constraints.

◆ Families have the right to know all role options and to choose their level of involvement on the team, including serving as team leaders if they so choose.

◆ Final decisions and approval of the plan rest with the family.

◆ A family-centered IFSP process does not indicate a passive role for professionals. The responsibility of professionals to openly and honestly share their knowledge, opinions, and concerns remains unchanged.

Source:
McGonigel, M. J., Kaufman, R. K. , & Johnson, B. H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2nd. Ed.)*. National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)

Transparency # 11

Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

FAMILY VALUE AND INCLUSION SCALE

1. Explain to each family YOUR role as a service provider.

Never Some of the time Most of the time Always

2. Explain to each family THEIR role.

Never Some of the time Most of the time Always

3. Explain to the family how you feel the intervention is going.

Never Some of the time Most of the time Always

4. Offer ideas to each family for enjoying their child.

Never Some of the time Most of the time Always

5. Use language that the family can understand.

Never Some of the time Most of the time Always

6. Provide the family with accurate information about services.

Never Some of the time Most of the time Always

7. Ask families to identify their wants and needs.

Never Some of the time Most of the time Always

8. Provide the family with a response to their requests/needs within a timely manner.

Never Some of the time Most of the time Always

9. Provide honest, concise information to the family concerning their child's assessment.

Never Some of the time Most of the time Always

10. Provide honest and concise information concerning their child's progress.

Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

Never Some of the time Most of the time Always

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

Transparency # 12

Family Intervention Preferences

Routines/Activities	Part of a Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work:	
	Yes	No	Yes	No	Yes	Minimally	No	On	Within
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
(Other)									
________________									
________________									
With Siblings									
With Adults									
With Others									

Transparency # 13

Whenever you interact with a child...

P Prepare the child for the activity
A Announce what is about to happen prior to acting on the child
U Use correct positioning and handling
S Select and place materials appropriately
E Establish multiple opportunities for communication and movement

A Adapt activities creatively to promote each child's fullest participation
N Never settle for mere exposure - plan each child's partial participation
D Develop consistent prompts and cues for individual children

T Take enough time to wait for the child's response - do not rush
H Have a variety of methods for providing appropriate feedback
I Include peers and siblings to promote interactions within the activity
N Notify children when an activity is completed to provide closure
K Keep focused on a child's strengths to make every interaction possible

Transparency # 14

Receptive Communication

Child receives information through:

Natural Contextual Cues	* Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car
Touch Cues	* Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up" (Always use speech with cues)
Object Cues	* Give the child a spoon to indicate that it is time to "eat"
Gestures	* Nodding yes or no in response. (Always use speech)
Miniature Objects	* Giving the child a miniature T.V. to indicate we are going to watch T.V.
Associated Objects	* Giving the child a coke top to indicate do you want a coke
Pictures	* Showing a picture of the swing to indicate we are going outside
Line Drawings	* Showing a black and white picture of a person drinking to indicate drinking.
Other Tangible Symbols	* Rebus Symbols * Thermoform Symbols
Visual Signs	* Tap together closed fingertips on each hand, to indicate "more"
Tactile Signs	* Sign the letter "t" to indicate toilet in the child's palm
Speech	* Say "Good girl"
Written Words	* Looking at a book
Braille	* Dots formatted to indicate numbers and letters

Transparency # 15

Expressive Communication

Child Behavior:

Attending to	* Using facial movement or body movement to show awareness of person or object
Eye Gaze	* Child looks at cup to indicate they want a drink
Body Movement	* Child leans head forward to moves body to indicate "more"
Calling Switch	* Child presses calling switch to get access to a person
Touch Person	* Child touches arm to get persons attention
Touch Object	* Child touches cup to indicate "more drink"
Manipulate Person	* Child reaches for persons' hand who is holding the cup to indicate "more drink"
Vocalization	* Child vocalizes "daaa" for more drink
Extend Object	* Child hands cup to caregiver to indicate "want more drink"
Simple Gestures	* Child nods "yes" for more drink
Pointing	* Child points to cup to indicate more drink
Two Switch	* Child chooses between eat and drink by touching a switch labeled "I want drink"
Complex Gestures	* Child points to cup while gesturing "yes" to indicate more drink
Miniature Objects	* Child hands the caregiver a miniature coke to indicate they want a drink
Pictures/Drawings	* Child hands the caregiver a picture of a coke
Tactual Symbols	* Child recognizes top of drink as "drink"
Manual Signs	* Sign the letter "c" with hand and bring to mouth
Non-Speech Symbols	* Coke can itself
Electronic System	* Augmentative Device * Cannon Talker
Speech	* Child says "want more drink"

Name: ______________

Date: ______________

Transparency # 16

Step 1

Routine: ______________________
____

Interactional Process	
1. Prepare the child for the activity	
2. Announce what is about to happen prior to acting on the child	
3. Use correct positioning, handling & orientation/mobility techniques	
4. Select and place materials appropriately for each child's abilities	
5. Establish multiple opportunities for communication and movement	
6. Adapt activities creativity to promote each child's fullest participation	
7. Never settle for mere exposure-plan for each child's partial participation	
8. Develop consistent prompts and cues for individual children	
9. Take enough time to wait for the child's response	
10. Have a variety of methods for providing appropriate feedback to children	
11. Include peers and siblings to promote interactions within the activity	
12. Notify children when the activity is completed to provide closure	
13. Keep focused on the child's strengths to make every interaction positive	

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Transparency # 17

Name: ________________

Date: ________________

Routine: ________________________

Step 2

Child Objectives

Interactional Process	Adaptations						
1. Prepare the child for the activity							
2. Announce what is about to happen prior to acting on the child							
3. Use correct positioning, handling & orientation/mobility techniques							
4. Select and place materials appropriately for each child's abilities							
5. Establish multiple opportunities for communication & movement							
6. Adapt activities creativity to promote each child's fullest participation							
7. Never settle for mere exposure- plan for each child's partial participation							
8. Develop consistent prompts and cues for individual children							
9. Take enough time to wait for the child's response							
10. Have a variety of methods for providing appropriate feedback to children							
11. Include peers and siblings to promote interactions within the activity							
12. Notify children when the activity is completed to provide closure							
13. Keep focused on the child's Strengths to make every interaction positive							

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Transparency # 18

ENVIRONMENT CHECKLIST

Objective: Recognize the environment of the preschool classroom in order to make adaptations to the rules, structure, and level of participation to accommodate the needs of the child.

1. Physical Arrangement		
A. Do children work at tables and/or work centers?	Y	N
1) centers wheelchair accessible?	Y	N
2) tables adjustable for wheelchairs?	Y	N
3) materials at child's level?	Y	N
B. Is the bathroom in the classroom?	Y	N
1) changing table available?	Y	N
2) sink at child's level	Y	N
C. Do the children often sit on a mat or on the floor?	Y	N
1) adapted chairs needed?	Y	N
2. Classroom Support		
A. Is there adequate support in the classroom?	Y	N
3. Classroom Schedule		
A. Do children walk in a single file line?	Y	N
B. Do children have free access to the bathroom and water fountain?	Y	N
1) water fountains accessible	Y	N
C. Do children manage their own materials? (Get own mat, put papers in their cubby)	Y	N

D. Do children get free choice of activities?	Y	N
1) staff support for activities? (i.e. computer assistance)	Y	N
E. Do children get their own meals/snacks?	Y	N
1) available support for feeding assistance?	Y	N
F. Are there consequences for disruptive or or inappropriate behavior?	Y	N
G. Are there rewards or back-up activities for good behavior?	Y	N
H. Are there specific rules for the class?	Y	N

Other Classroom Needs:

Transparency # 19

TRANSITION CHECKLIST FOR PARENTS

Name:

Child's Name:

Child's Date of Birth:

County:

Date:

Do you need more information about, or assistance in: (Write information needed)

1. Preschool special education programs and services in your community? Y N
2. Obtaining appropriate related services? Y N
3. Your legal rights and responsibilities? Y N
4. Education in the least restrictive environment? Y N
5. Preparing for your chid's assessment? Y N
6. Preparing for your child's Individualized Education Program? Y N
7. Preparing your child for the classroom? Y N
8. Arranging for visits to the classroom? Y N
9. Communicating with your child's teacher? Y N
10. Your involvement in the preschool program? Y N
11. Other community services? Y N
12. List any other information that would assist you and your family during the transition process
13. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

Transparency # 20

WHAT: The IFSP shall include:	**WHAT: The IEP shall include:**
a. present level of development	a. present level of **educational performance,**
b. family strengths and needs	b. **specific special** educational and other related services that will be provided (this includes the extent to which regular educational programs are outlined),
c. major outcomes, criteria, procedures and time lines to determine progress,	c. annual goals,
d. specific early intervention services, including frequency, intensity and methods of service delivery,	d. short term instructional objectives,
e. dates for initiation of services and anticipated duration	e. beginning and ending dates for services,
f. steps for transition under IDEA, Part B, and	f. evaluation procedures and schedules for determining progress, and
g. signatures of all persons at the meeting.	g. signatures of all persons at the meeting.
WHEN: 45 days from initial contact, review every six months, or more if necessary.	**WHEN: Within 30 days of determination special education services, reviews every six months or as necessary.**
WHO: Conducted by the Service Coordinator. Participants include:	**WHO: The local education agency representative from the providing school.**
a. the parent(s), guardians,	a. the parent(s), guardian(s),
b. other family members as requested by the family,	b. other family members as requested
c. an advocate requested by the family,	c. an advocate as requested by the family,
d. the service coordinator,	d. school district representative,
e. person's directly involved in the assessment	e. special education teacher,
f. as appropriate, person's who	f. as appropriate, related service

INTRODUCTION

I. INTRODUCTION

Over the years, there has been a gradual but definite shift in conceptual models related to both special education and early intervention. The past focused on labeling, sorting, and segregating individuals by the type and severity of their disabilities so that professionals could work in isolation to "remediate deficits," making independent instructional and therapy decisions based on their expertise. The new conceptual framework involves celebrating the unique interests, strengths, and possibilities of every child by offering transdisciplinary, family-centered supports and services in inclusive, natural environments. This shift in perspective has colored the whole landscape of the field: family centeredness, assessment, service coordination, intervention, and transition. Each of these areas will be described as they relate to currently recommended practices and this project's model of intervention services.

Transparency # 1

OLD	MODEL SHIFTS	NEW
DEFICIT	to identifying	strengths and abilities
DISABILITY	to focusing on	capability and possibility
"FIX IT"	to providing	family centered support services
ISOLATED	to collaborating	teams in natural environments
LABELS	to respecting	person first
SEGREGATED LEARNING	to encouraging	social interaction
PROFESSIONAL DECISION	to valuing	family input

FAMILY CENTEREDNESS

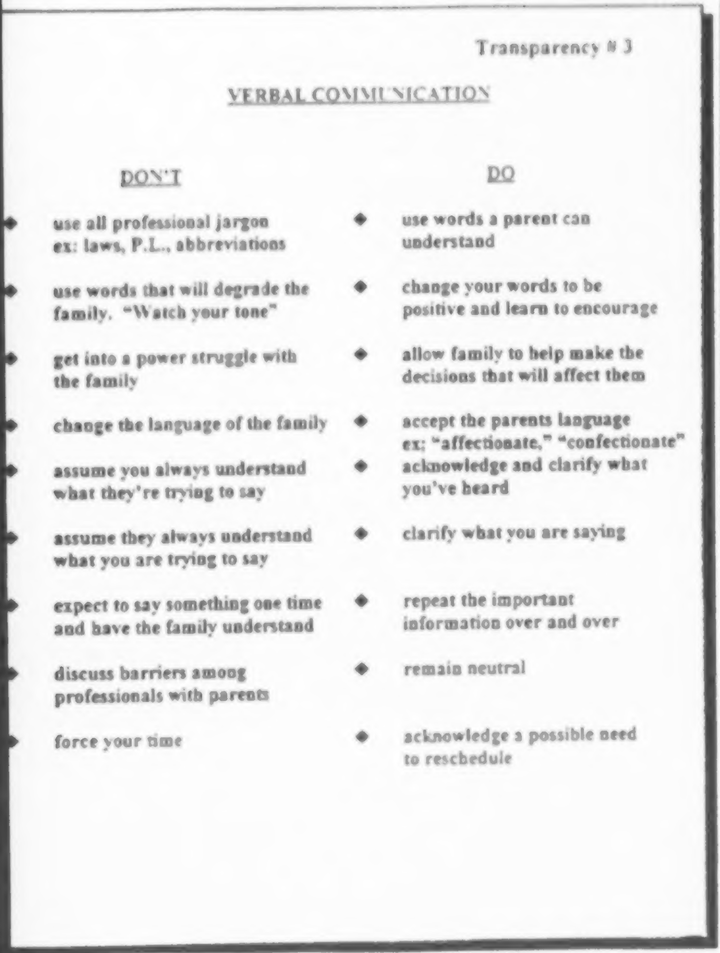
II. FAMILY CENTEREDNESS

Whereas it used to be accepted practice for professionals to make value judgments about families, it has become increasingly important to respect, embrace, and build upon the diversity in family constellations, living arrangements, lifestyles, and choices for their children. This trend is evident in the following variations of the definition of a family **(Transparency #2).**

THE MANY DEFINITIONS OF A FAMILY **Transparency # 2**

1. **Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988**
2. **A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)**
3. **Any two or more related people living in one household. (3rdEdition Child, Family, Community Socialization and Support. Roberta M. Berns. P. 638, 1993)**
4. **An inclusive definition of "family" allows each family to define itself. (Guidelines & recommended Practices For the Individualized Family Service Plan, 1989)**
5. **Families can be defined as "Families are big, small, extended, nuclear, multi generational, with one parent, two parents, and Grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. . .A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity. . . Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the 'Individualized Family Service Plan. 2nd Edition. Page 8, 1991)**

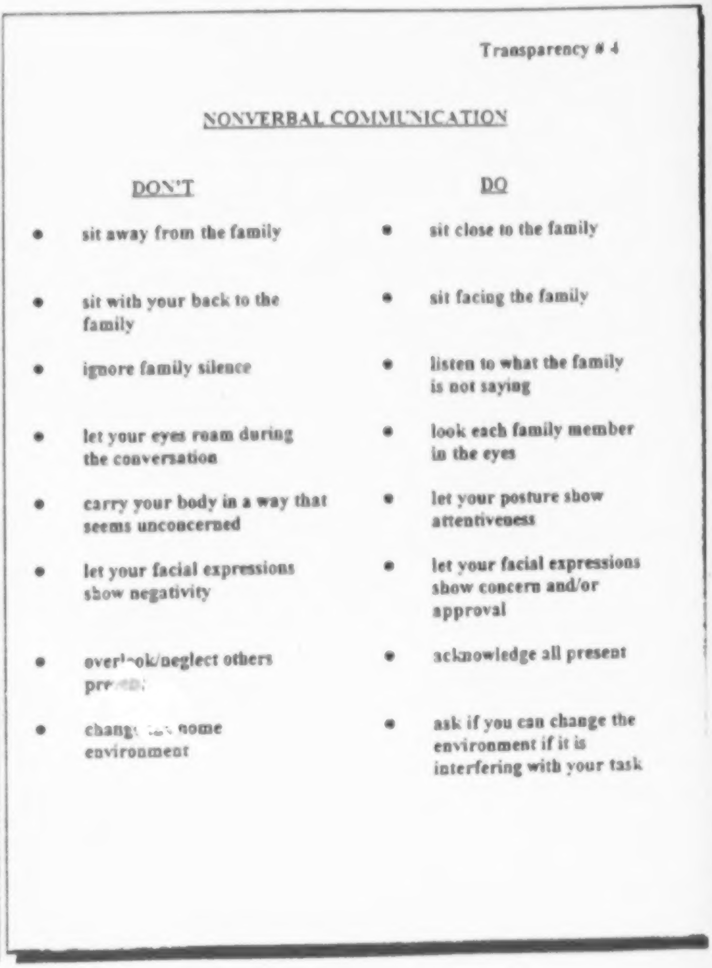
Under all circumstances, it is important that service providers convey a positive and caring attitude toward the families with whom they work. In order to help effectively, providers must attend to the messages they send through both their verbal and nonverbal communication. **(Transparencies #3 & #4).**



Transparency # 3

VERBAL COMMUNICATION

DON'T	DO
use all professional jargon ex: laws, P.L., abbreviations	use words a parent can understand
use words that will degrade the family. "Watch your tone"	change your words to be positive and learn to encourage
get into a power struggle with the family	allow family to help make the decisions that will affect them
change the language of the family	accept the parents language ex: "affectionate," "confectionate"
assume you always understand what they're trying to say	acknowledge and clarify what you've heard
assume they always understand what you are trying to say	clarify what you are saying
expect to say something one time and have the family understand	repeat the important information over and over
discuss barriers among professionals with parents	remain neutral
force your time	acknowledge a possible need to reschedule



Transparency # 4

NONVERBAL COMMUNICATION

DON'T	DO
sit away from the family	sit close to the family
sit with your back to the family	sit facing the family
ignore family silence	listen to what the family is not saying
let your eyes roam during the conversation	look each family member in the eyes
carry your body in a way that seems unconcerned	let your posture show attentiveness
let your facial expressions show negativity	let your facial expressions show concern and/or approval
overlook/neglect others present	acknowledge all present
change the home environment	ask if you can change the environment if it is interfering with your task

ASSESSMENT AND EVALUATION

III. Assessment and Evaluation

There is a distinction between evaluation and assessment which is misunderstood by many interventionists. A multidisciplinary evaluation is performed to determine a child's initial and continuing eligibility for services and generally requires the use of one or more norm-referenced instruments. Evaluations involve formal procedures with strict adherence to the method of presentation of test items. At this stage, the child's performance is being compared to that of his same-age peers to identify delays in any of the five developmental domains. Most early intervention services are available only after such documentation of a delay in one or more areas. Because norm-referenced tests cover a broad spectrum of skills and are designed to be bias-free and culture-fair, the information gained is usually not specific or functional enough to be used for individual program planning.**(Transparency #5).**

Commonly Used Test for 0 - 3

Intended Purposes and Comparisons Transparency # 5

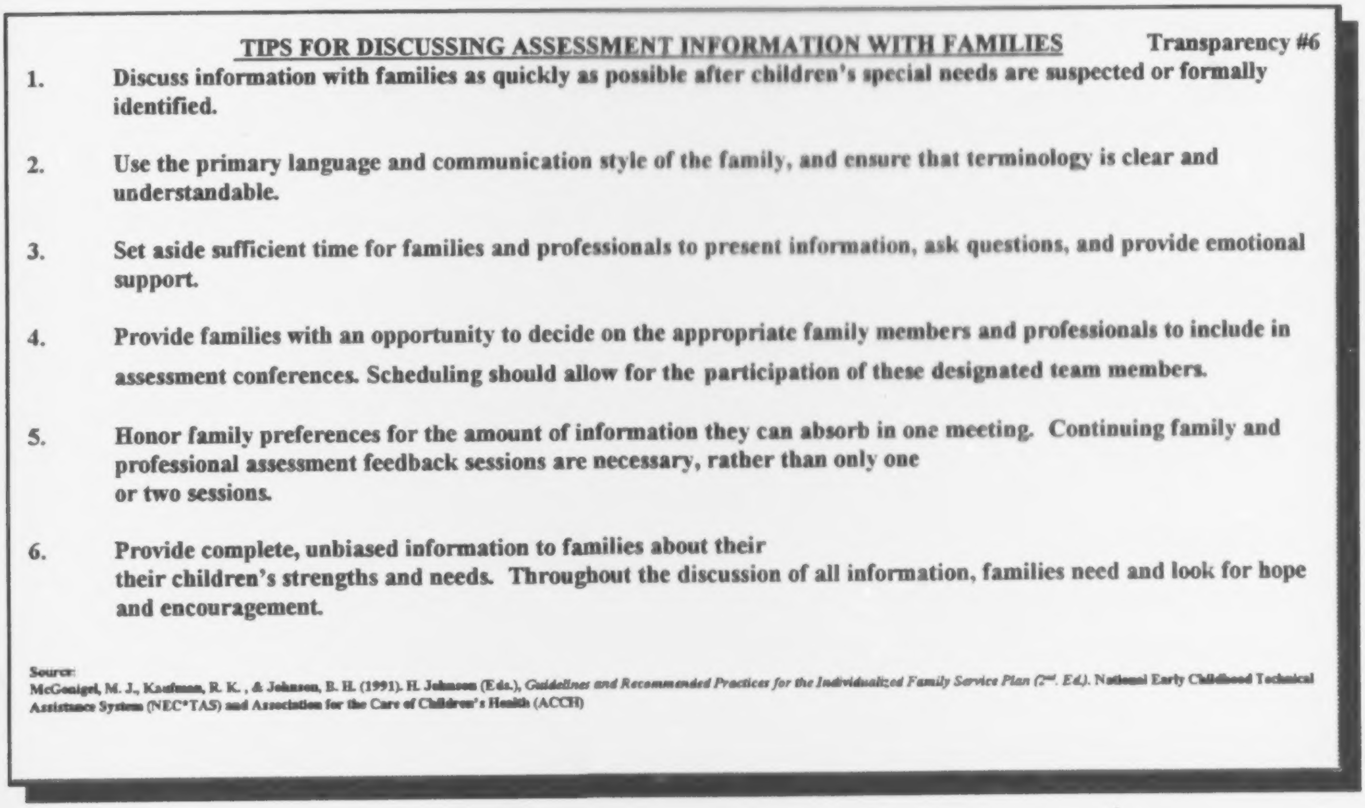
NORM REFERENCED	CRITERION REFERENCED
COMPARES A CHILD'S PERFORMANCE WITH THAT OF HIS PEERS PROVING A STANDARD SCORE BASED UPON AGED NORMS.	COMPARES THE CHILD'S PERFORMANCE WITH A SET OF PREDETERMINED, DEVELOPMENTALLY, PROGRESSIVE SET OF SKILLS AND DOCUMENT INDIVIDUAL PROGRESS OVER TIME
Test procedures standardized and thus limited in flexibility, although some tests allow for specific adaptations. Used primarily for eligibility rulings based upon gross comparisons of the child's standing relative to typically developing peers.	Test procedures are more flexible and may be adapted as necessary to obtain the most reliable and accurate measure of the child's performance. Used primarily for programming based upon fine distinctions of the child's skills within a developmental sequence.

Assessment, on the other hand, is a more flexible and informal method of information-gathering which might involve the use of criterion-referenced tests, family and caregiver reports, and observation of play. Assessment is an ongoing process which results in a fluid picture of the child's emerging skills, necessary adaptations, interests, and specific needs. The assessment process is not only focused on *whether* a child can or cannot perform a certain skill, but also how, why, where, with whom, for how long, and with what level of assistance. All of this information contributes to effective program planning. Assessments should be individualized and driven by the behaviors of children in their natural environments rather than reflecting one of the limited number of developmental profiles offered by a standardized, norm-referenced instrument. Truly creative intervention and program planning stems from responsiveness to each child's unique patterns of behavior.

SERVICE COORDINATION

IV. Service Coordination

When coordinating services for families, one of the first steps is to schedule and then often report back about an assessment. The following transparency provides tips for discussing assessment information with families. **(Transparency #6).**



TIPS FOR DISCUSSING ASSESSMENT INFORMATION WITH FAMILIES **Transparency #6**

1. **Discuss information with families as quickly as possible after children's special needs are suspected or formally identified.**

2. **Use the primary language and communication style of the family, and ensure that terminology is clear and understandable.**

3. **Set aside sufficient time for families and professionals to present information, ask questions, and provide emotional support.**

4. **Provide families with an opportunity to decide on the appropriate family members and professionals to include in assessment conferences. Scheduling should allow for the participation of these designated team members.**

5. **Honor family preferences for the amount of information they can absorb in one meeting. Continuing family and professional assessment feedback sessions are necessary, rather than only one or two sessions.**

6. **Provide complete, unbiased information to families about their their children's strengths and needs. Throughout the discussion of all information, families need and look for hope and encouragement.**

Source:
McGonigel, M. J., Kaufmann, R. K., & Johnson, B. H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2^{nd}. Ed.).* National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)

Assessments can be a valuable tool in helping to highlight a child's strengths and needs. The team should integrate this knowledge about the child with what is discovered about the family's concerns, priorities, and resources in order to develop an appropriate IFSP. **(Transparency #7).**

Transparency #7

Family Concerns: Areas that family members identify as needs, issues, or problems they want to address as part of the IFSP process.

Family Priorities: A family's agenda choices for how early intervention will be involved in family life.

Family Resources: The strengths, abilities, and formal and informal supports that can be mobilized to meet family concerns, needs, or outcomes.

Source:
Mc Gonigel, M.J., Kaufman, R. K., & Johnson, B.H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2nd Ed.). National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)*

The priorities that families of children with disabilities and developmental delays are often like those of any other family. They generally include: **(Transparency #8).**

TYPICAL FAMILY PRIORITIES **Transparency #8**

For our child, we want:
- **independence**
- **personal happiness**
- **feelings of accomplishment**
- **respect**
- **ability to walk**
- **ability to communicate**
- **good friends**
- **understanding that he/she is loved**
- **employment**
- **skills to feed him/herself**
- **skills to dress him/herself**
- **comfortable enough to sleep through the night**
- **skills to drive car**
- **the experience of having a loving relationship with a member of the opposite sex**
- **to know and love God**

For our family, we want:
- **social outings (especially restaurants)**
- **sleep-filled nights**
- **enjoyments of an evening out (as a couple)**
- **normal sibling relationships**
- **relatives and friends to understand the nature of our child's disabilities**
- **help with planning some adaptations to our home**

Source: Hunt, M., Cornelius, P.,Leventhal, P. et. (1990). *Into our Lives.* Akron, OH: Children's Hospital Medical Center

Professionals in the field of early intervention are likely to discover that some families find their team approach intimidating. These families may need extra support and encouragement to feel comfortable enough to discuss their hopes, dreams, and vulnerabilities with a group of near-strangers.

The following transparency describes strategies for enhancing families as decision-makers. **(Transparency #9).**

Ten Strategies to Enhance Families as Decision Makers

Transparency # 9

1. **SET THE STAGE.** The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.

2. **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION.** Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.

3. **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING.** Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.

4. **RESPOND TO THE FAMILY'S VIEW.** Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.

5. **LISTEN TO THE PROFESSIONALS' VIEWS.** Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.

6. **CONFIRM FAMILY PROFESSIONAL AGREEMENT.** Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.

7. **PROVIDE INFORMATION AS TO WHY.** Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.

8. **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.

9. **DECIDE HOW TO EVALUATE.** The professional needs to solicit ideas from the family and contribute his/her needs about how to measure progress and discuss progress as a team.

10. **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. As the family how they would like to proceed: what strategies they think might be effective. (Vincent, TASH 1996).

Finally, there are some basic principles to keep in mind when intervening in the lives of young children and their families. **(Transparency #10).**

Principles Underlying Professional Practice

Transparency # 10

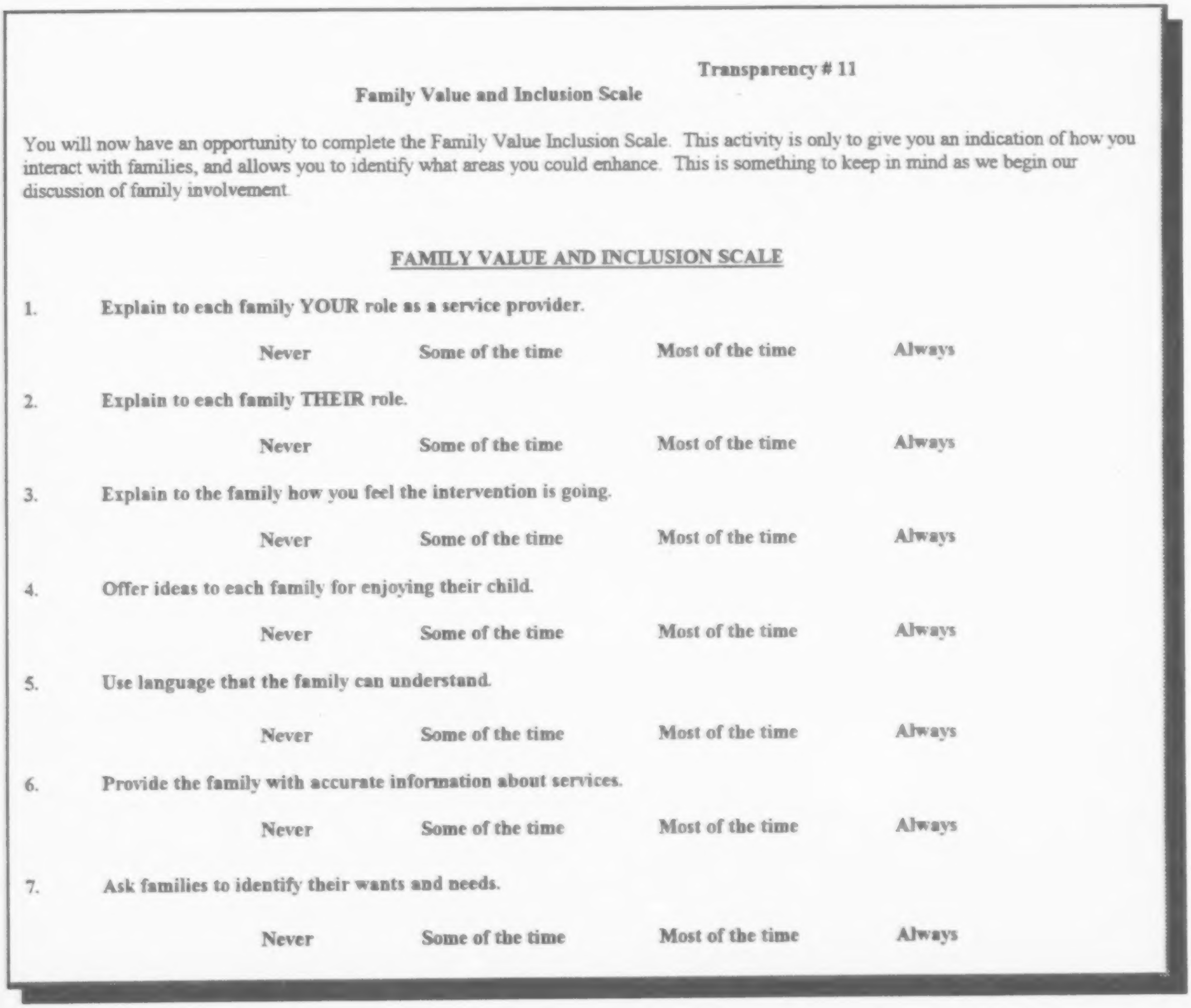
- **Children and families may have multiple and diverse needs and thus may have to draw on the resources of multiple disciplines and programs. Therefore, a team approach is necessary.**
- **The team should consist of family members and service providers. Membership will vary depending on family preferences, family strengths and needs, child needs, and agency constraints.**
- **Families have the right to know all role options and to choose their level of involvement on the team, including serving as team leaders if they so choose.**
- **Final decisions and approval of the plan rest with the family.**
- **A family-centered IFSP process does not indicate a passive role for professionals. The responsibility of professionals to openly and honestly share their knowledge, opinions, and concerns remains unchanged.**

Source:
McGonigel, M. J., Kaufman, R. K. , & Johnson, B. H. (1991). H. Johnson (Eds.), *Guidelines and Recommended Practices for the Individualized Family Service Plan (2nd. Ed.).*
National Early Childhood Technical Assistance System (NEC*TAS) and Association for the Care of Children's Health (ACCH)

INTERVENTION

V. Intervention

It is easy for service providers to fall into a pattern when working with a number of children and families. This can be can either be problematic or beneficial, depending on whether the pattern generally accommodates or ignores the needs and concerns of families. From time to time, it is worthwhile for service providers to examine their habits with an eye toward becoming more family-centered. The following is a tool designed to do just that. **(Transparency #11).**



Transparency # 11

Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

FAMILY VALUE AND INCLUSION SCALE

1. **Explain to each family YOUR role as a service provider.**

   Never Some of the time Most of the time Always

2. **Explain to each family THEIR role.**

   Never Some of the time Most of the time Always

3. **Explain to the family how you feel the intervention is going.**

   Never Some of the time Most of the time Always

4. **Offer ideas to each family for enjoying their child.**

   Never Some of the time Most of the time Always

5. **Use language that the family can understand.**

   Never Some of the time Most of the time Always

6. **Provide the family with accurate information about services.**

   Never Some of the time Most of the time Always

7. **Ask families to identify their wants and needs.**

   Never Some of the time Most of the time Always

8. Provide the family with a response to their requests/needs within a timely manner.

Never Some of the time Most of the time Always

9. Provide honest, concise information to the family concerning their child's assessment.

Never Some of the time Most of the time Always

10. Provide honest and concise information concerning their child's progress.

Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

Never Some of the time Most of the time Always

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

When considering the needs and concerns of families, it is logical to presume that triggers in some aspect of their daily routines have led them to seek intervention in the first place. For example, if Roger never learned to roll over, Samantha is unable to feed herself, Damian bangs his head on the floor, and Maria does not communicate, then each of their families may begin to ask others about possible causes and solutions. Through a variety of referrals, all are likely to enter the early intervention system. However, they may end up in many different circumstances, depending on the philosophical underpinnings of the programs that serve them. One program may profess to have all the answers and engage in direct, individual instruction with very little input from parents and caregivers. Another may seek active input from families about their daily routines and how each family member responds. The latter program has a much greater probability of affecting the behaviors which caused the families to seek intervention in the first place. For this reason, the use of family routines to promote critical developmental skills is a cornerstone of this project's model of intervention services.

One method of determining where it might be appropriate to work within family routines is to use a form such as the following. **(Transparency #12).**

Family Intervention Preferences **Transparency # 12**

Routines/Activities	Part of a Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work:	
	Yes	No	Yes	No	Yes	Minimally	No	On	Within
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
(Other)									
____________									
____________									
With Siblings									
With Adults									
With Others									

After identifying a routine or activity to begin working within, the interventionist should keep several strategies in mind. These are techniques which can be used to promote communication and learner involvement and to ensure that each routine has a clear beginning, middle, and end. **(Transparency #13)**

Transparency # 13

Whenever you interact with a child...

P	**Prepare the child for the activity**
A	**Announce what is about to happen prior to acting on the child**
U	**Use correct positioning and handling**
S	**Select and place materials appropriately**
E	**Establish multiple opportunities for communication and movement**
A	**Adapt activities creatively to promote each child's fullest participation**
N	**Never settle for mere exposure - plan each child's partial participation**
D	**Develop consistent prompts and cues for individual children**
T	**Take enough time to wait for the child's response - do not rush**
H	**Have a variety of methods for providing appropriate feedback**
I	**Include peers and siblings to promote interactions within the activity**
N	**Notify children when an activity is completed to provide closure**
K	**Keep focused on a child's strengths to make every interaction possible**

Each of these strategies should be used by anyone who interacts with the child. Some of these skills are more natural and automatic for some families and service providers than others. An additional feature should be listed..... ENJOYMENT. The next section provides examples for each strategy listed on Transparency # 13, *Pause and Think*.

1. PREPARE THE CHILD FOR THE ACTIVITY

- Putting on hearing aids
- Stretching arm muscles before beginning activity using upper body
- Putting on the bib before mealtime

In preparing the child for the activity, always express verbally what is going to take place next. For example: "It's time to brush your teeth". If object cues are being used as the form of communication, hand the child the toothbrush. This is the association of "the toothbrush means it is time to brush my teeth."

2. ANNOUNCE WHAT IS ABOUT TO HAPPEN PRIOR TO ACTING ON THE CHILD.

- Use touch cues and verbalize "pick you up"
- "Let's wipe your nose."
- We are finished. Let's get down.

Announcing what will happen allows the child not to be startled by an intrusive act. If you grabbed a child to take him to brush his teeth, without prompting or verbalizing, he may protest by crying or even hitting. The child may be communicating fear as opposed to being defiant about brushing his teeth.

3.USE CORRECT POSITING AND HANDLING

- Is the child positioned in a way that allows and encourages participation?
- Does the high chair give the right amount of physical support?
- Are you positioned where the caregiver can provide feedback and assistance?

This is a very important strategy for effective communication. If a child has difficulty controlling his upper body, the lower body must be stable to allow upper body control. The more a child has to struggle to maintain trunk support, the less likely he will be able to concentrate on reaching and grasping. For example, if the objective is for the child to reach and grasp the toothbrush, the child must be positioned allowing the upper body to facilitate reaching and grasping.

4. SELECT AN PLACE MATERIALS APPROPRIATELY

- Is the desired toy within reach?
- Is the placement of the bottle within visual field?
- While positioned in the chair, is the table at the correct level for participation?

Whether it is a play routine or a feeding routine, it is important that the materials being used in the interaction are placed within the child's reach. It is also important to remember the need to experiences being in different positions throughout the day. For example, in a side lying position, are toys placed within reach? Materials should also be placed with respect to the child's visual field.

5. ESTABLISH MULTIPLE OPPORTUNITIES FOR COMMUNICATION AND MOVEMENT.

- Feel the spoon and the tape to make the choice "eat" or "music"
- "Do you want Greg or Edie to push you on the swing?"
- "Where do we need to go to brush our teeth?"

Sometimes things are done so automatically for young children, the opportunity to make or choice or gain language from the experience is lost. For Example, if the toothpaste always "magically appears", the concepts of locating the tube, removing the top, squeezing the tube, replacing the top, and returning the tube where it belongs, are not reinforced.

6. ADAPT ACTIVITIES CREATIVELY TO PROMOTE THE CHILD'S FULLEST PARTICIPATION.

- Sponge painting - Use a cloths pin as a handle for the child to grasp the sponge.
- Use a large rubber band or string on a doorknob for the child to pull to assist to open the door.
- Use large, black-white picture symbols in addition to the words of a big picture book.

Adaptations do not have to be expensive, store bought equipment. Adaptations are adjustments in the activity and/or environment to allow the child to participate. For example, the child's mat and basket are placed on the bottom shelf allowing the child independent access.

7. NEVER SETTLE FOR MERE EXPOSURE, PLAN FOR EACH CHILD'S PARTIAL PARTICIPATION.

- Child pushes the top down to close the snack can.
- Child locates box of crayons and brings it to the table.
- Child raises arm to assist with dressing.

This strategy requires time to plan. Also, hand over hand assistance allows the child to physically "feel" the movement of the action. A child should partially participate in every activity, regardless of the level of participation. For example, the child may identify and hold a brush, while someone is assisting to fix her hair.

8. DEVELOP CONSISTENT PROMPTS AND CUES FOR INDIVIDUAL CHILDREN

- "Sit up" verbalizing the request and using a touch cue on then arms to facilitate movement.
- Always using the sign"finished" and verbalize at the end of each routine/activity.
- Edie always receives the small piece of carpet to hold to represent "group/carpet time".

The most important word for this interactor strategy is CONSISTENCY. The same prompts and cues should be used by everyone who interacts with the child. An example of a promt and cue would be touching the child on the bottom lip with the spoon to indicate a bite or feeding. Another example is a touch cue on both shoulders used to signify "up" every time the child is going to be picked up.

9. TAKE ENOUGH TIME TO WAIT FOR THE CHILD'S RESPONSE

- Providing a choice of milk or juice - Wait for a gesture/point.
- Announcing it is time to go outside, wait for body movement in response to"go".
- Count 1...2...3...4...5 allowing time to respond.

Although this skill seems simple, it is very difficult to practice. When interacting, it is important to have a reason to communicate. This reason may happen if we allow ourselves to slow down and count to five before we respond or communicate for the child. For example, while getting prepared to go brush teeth, ask the child what else is needed - with the tube of toothpaste in sight. Wait for a gesture or movement to indicate the tube of toothpaste is needed.

10. HAVE A VARIETY OF METHODS FOR PROVIDING APPROPRIATE FEEDBACK

- "Oh, you want the cup. Do you want me to pour more juice?" Signing "more".
- "You made the music play. Good reaching."
- "No, we can't go outside now." Gesturing no and signing "no".

Feedback is providing the child with a response to the action. Different children respond to different types of feedback. Some children respond by smiling or doing the activity again when they hear you say "good job". Others might respond to a stroke on the arm or the cheek. If the feedback is not desired by the child, he might not want to do it again.

11. INCLUDE PEERS AND SIBLINGS TO PROMOTE INTERACTIONS WITHIN THE ACTIVITY

- "Would you give Samantha the truck?"
- "Please bring the can to Vanessa?"
- "Do you want Susan or Alison to read the book with you?"

Children learn from other children. First, other children must be made aware that a child with disabilities may not play in the same way they play or eat in the same way they eat. For example, whether at home, day care, or in the community all children should be encouraged to interact and communicate with each other children.

12. NOTIFY CHILDREN WHEN AN ACTIVITY IS COMPLETED TO PROVIDE CLOSURE

- "Let's put the book up. We are finished reading."
- Assist the child to put away toys. Verbalize and sign "finished"
- "We are finished putting on our shoes."

Structure for activities and routines are vital. Ensure every activity routine has a beginning, a middle, and an end.

13. KEEP FOCUSED ON A CHILD'S STRENGTHS TO MAKE EVERY INTERACTION POSSIBLE

- Jackie loves music, therefore she will stand with support (motor Objective), during music time.
- Jessica is very social, therefore many of her activities are with other children who are social and verbal.

It is vital to discuss with the family, what the motivators and strengths are for each individual child. It is important to remember that all children should be given information in ways they can understand it, and they should be encouraged to express themselves in whatever manner they are able. The following sheets provide examples of many methods of facilitating communication for learners with different abilities. **(Transparencies #14 & #15).**

Child receives information through: Receptive Communication Transparency # 14

Natural Contextual Cues	*** Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car**
Touch Cues	*** Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up" (Always use speech with cues)**
Object Cues	*** Give the child a spoon to indicate that it is time to "eat"**
Gestures	*** Nodding yes or no in response. (Always use speech)**
Miniature Objects	*** Giving the child a miniature T.V. to indicate we are going to watch T.V.**
Associated Objects	*** Giving the child a coke top to indicate do you want a coke**
Pictures	*** Showing a picture of the swing to indicate we are going outside**
Line Drawings	*** Showing a black and white picture of a person drinking to indicate drinking.**
Other Tangible Symbols	*** Rebus Symbols * Thermoform Symbols**
Visual Signs	*** Tap together closed fingertips on each hand, to indicate "more"**
Tactile Signs	*** Sign the letter "t" to indicate toilet in the child's palm**
Speech	*** Say "Good girl"**
Written Words	*** Looking at a book**
Braille	*** Dots formatted to indicate numbers and letters**

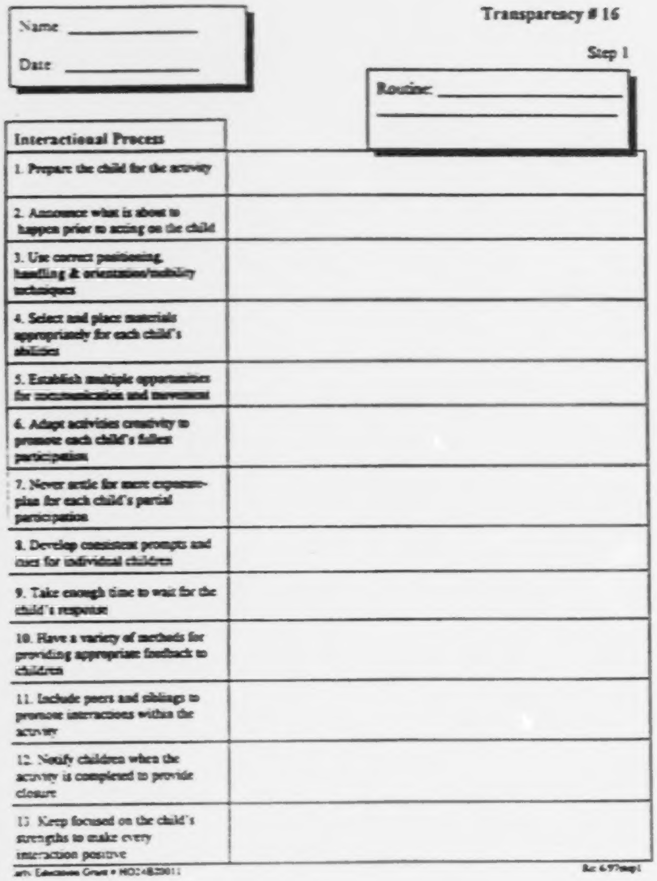
Child Behavior: **Expressive Communication** **Transparency #15**

Attending to	*** Using facial movement or body movement to show awareness of person or object**
Eye Gaze	*** Child looks at cup to indicate they want a drink**
Body Movement	*** Child leans head forward to moves body to indicate "more"**
Calling Switch	*** Child presses calling switch to get access to a person**
Touch Person	*** Child touches arm to get persons attention**
Touch Object	*** Child touches cup to indicate "more drink"**
Manipulate Person	*** Child reaches for persons' hand who is holding the cup to indicate "more drink"**
Vocalization	*** Child vocalizes "daaa" for more drink**
Extend Object	*** Child hands cup to caregiver to indicate "want more drink"**
Simple Gestures	*** Child nods "yes" for more drink**
Pointing	*** Child points to cup to indicate more drink**
Two Switch	*** Child chooses between eat and drink by touching a switch labeled "I want drink"**
Complex Gestures	*** Child points to cup while gesturing "yes" to indicate more drink**
Miniature Objects	*** Child hands the caregiver a miniature coke to indicate they want a drink**
Pictures/Drawings	*** Child hands the caregiver a picture of a coke**
Tactual Symbols	*** Child recognizes top of drink as "drink"**
Manual Signs	*** Sign the letter "c" with hand and bring to mouth**
Non-Speech Symbols	*** Coke can itself**
Electronic System	*** Augmentative Device** *** Cannon Talker**
Speech	*** Child says "want more drink"**

This project is offering a mentoring process for interventionists who are interested in receiving direct technical assistance to embed critical skills into the family's daily routines. This is a two-step mentoring process. The first step involves selecting a routine and planning it out for the specific child while making sure it includes the *Pause and Think* strategies.

The following form is used as a tool to accomplish Step 1. **(Transparency #16).**

The second step involves analyzing the routine after its initial implementation to decide at what points the child's critical developmental skills can be incorporated. The following form is used as a tool to accomplish Step 2. **(Transparency #17).**



Transparency # 16

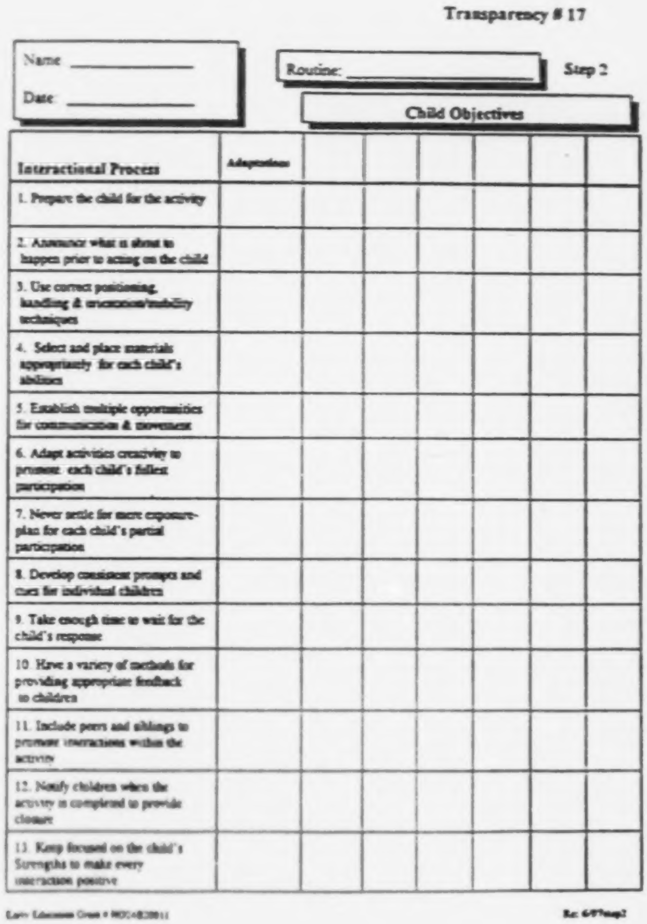
Step 1

Name ______________

Date ______________

Routine: ______________________

Interactional Process	
1. Prepare the child for the activity	
2. Announce what is about to happen prior to acting on the child	
3. Use correct positioning, handling & orientation/mobility techniques	
4. Select and place materials appropriately for each child's abilities	
5. Establish multiple opportunities for communication and movement	
6. Adapt activities creativity to promote each child's fullest participation	
7. Never settle for mere exposure-plan for each child's partial participation	
8. Develop consistent prompts and cues for individual children	
9. Take enough time to wait for the child's response	
10. Have a variety of methods for providing appropriate feedback to children	
11. Include peers and siblings to promote interactions within the activity	
12. Notify children when the activity is completed to provide closure	
13. Keep focused on the child's strengths to make every interaction positive	



Transparency # 17

Name ______________

Date ______________

Routine: ______________________

Step 2

Child Objectives

Interactional Process	Adaptations						
1. Prepare the child for the activity							
2. Announce what is about to happen prior to acting on the child							
3. Use correct positioning, handling & orientation/mobility techniques							
4. Select and place materials appropriately for each child's abilities							
5. Establish multiple opportunities for communication & movement							
6. Adapt activities creativity to promote each child's fullest participation							
7. Never settle for mere exposure-plan for each child's partial participation							
8. Develop consistent prompts and cues for individual children							
9. Take enough time to wait for the child's response							
10. Have a variety of methods for providing appropriate feedback to children							
11. Include peers and siblings to promote interactions within the activity							
12. Notify children when the activity is completed to provide closure							
13. Keep focused on the child's Strengths to make every interaction positive							

TRANSITION

VI. Transition

It is crucial that all professionals who are involved with families help to prepare them and their children for upcoming transitions. In order to begin working on skills which might be expected in the child's next environment, the interventionist first needs to visit that environment to understand the setting and daily routines. Then, she can begin to plan experiences for the child which simulate what will take place in the next setting. These skills should also be incorporated into complete routines or activities rather than being taught in isolation. Here is an example of a checklist which might be helpful in analyzing the requirements of the next environment. **(Transparency #18).**

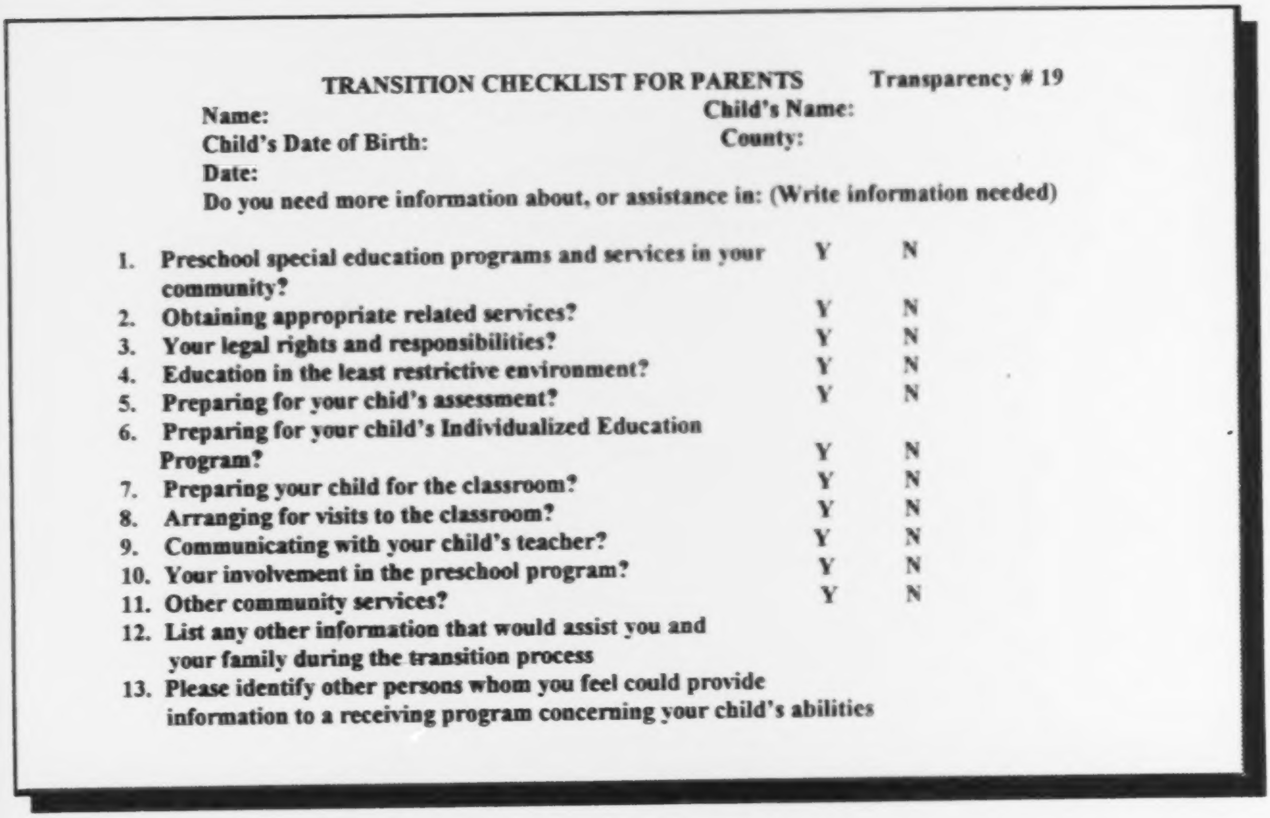
ENVIRONMENT CHECKLIST **Transparency # 18**

Objective: Recognize the environment of the preschool classroom in order to make adaptations to the rules, structure, and level of participation to accommodate the needs of the child.

1. Physical Arrangement		
A. Do children work at tables and/or work centers?	Y	N
1) centers wheelchair accessible?	Y	N
2) tables adjustable for wheelchairs?	Y	N
3) materials at child's level?	Y	N
B. Is the bathroom in the classroom?	Y	N
1) changing table available?	Y	N
2) sink at child's level	Y	N
C. Do the children often sit on a mat or on the floor?	Y	N
1) adapted chairs needed?	Y	N
2. Classroom Support		
A. Is there adequate support in the classroom?	Y	N
3. Classroom Schedule		
A. Do children walk in a single file line?	Y	N
B. Do children have free access to the bathroom and water fountain?	Y	N
1) water fountains accessible	Y	N
C. Do children manage their own materials? (Get own mat, put papers in their cubby)	Y	N
D. Do children get free choice of activities?	Y	N
1) staff support for activities? (i.e. computer assistance)	Y	N
E. Do children get their own meals/snacks?	Y	N
1) available support for feeding assistance?	Y	N
F. Are there consequences for disruptive or or inappropriate behavior?	Y	N
G. Are there rewards or back-up activities for good behavior?	Y	N
H. Are there specific rules for the class?	Y	N

Other Classroom Needs:

Service coordinators need to be sure that families are prepared for the multitude of changes that often take place in the period surrounding a child's transition. One way to ensure that nothing is left to chance is to use a checklist such as the following. **(Transparency #19).**



TRANSITION CHECKLIST FOR PARENTS **Transparency # 19**

Name: **Child's Name:**
Child's Date of Birth: **County:**
Date:
Do you need more information about, or assistance in: (Write information needed)

1.	**Preschool special education programs and services in your community?**	**Y**	**N**
2.	**Obtaining appropriate related services?**	**Y**	**N**
3.	**Your legal rights and responsibilities?**	**Y**	**N**
4.	**Education in the least restrictive environment?**	**Y**	**N**
5.	**Preparing for your chid's assessment?**	**Y**	**N**
6.	**Preparing for your child's Individualized Education Program?**	**Y**	**N**
7.	**Preparing your child for the classroom?**	**Y**	**N**
8.	**Arranging for visits to the classroom?**	**Y**	**N**
9.	**Communicating with your child's teacher?**	**Y**	**N**
10.	**Your involvement in the preschool program?**	**Y**	**N**
11.	**Other community services?**	**Y**	**N**
12.	**List any other information that would assist you and your family during the transition process**		
13.	**Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities**		

Something that all families will need to understand as they leave early intervention to enter preschool services is the difference between the IFSP and the IEP. The following handout provides information about the key differences. **(Transparency #20).**

Transparency # 20

WHAT: The IFSP shall include:	**WHAT: The IEP shall include:**
a. present level of development	a. present level of **educational performance,**
b. family strengths and needs	b. **specific special** educational and other related services that will be provided (this includes the extent to which regular educational programs are outlined),
c. major outcomes, criteria, procedures and time lines to determine progress,	c. annual goals,
d. specific early intervention services, including frequency, intensity and methods of service delivery,	d. short term instructional objectives,
e. dates for initiation of services and anticipated duration	e. beginning and ending dates for services,
f. steps for transition under IDEA, Part B, and	f. evaluation procedures and schedules for determining progress, and
g. signatures of all persons at the meeting.	g. signatures of all persons at the meeting.
WHEN: 45 days from initial contact, review every six months, or more if necessary.	**WHEN: Within 30 days of determination special education services, reviews every six months or as necessary.**
WHO: Conducted by the Service Coordinator. Participants include:	**WHO: The local education agency representative from the providing school.**
a. the parent(s), guardians,	a. the parent(s), guardian(s),
b. other family members as requested by the family,	b. other family members as requested
c. an advocate requested by the family,	c. an advocate as requested by the family,
d. the service coordinator,	d. school district representative,
e. person's directly involved in the assessment	e. special education teacher,
f. as appropriate, person's who	f. as appropriate, related service

CONCLUSION AND EVALUATION

VII. Conclusion and Evaluation

A shift in perspective in the mechanism for utilizing integrated early intervention teams for infants and toddlers encourages a more collaborative model for providing early education to children with multiple disabilities. Through the collaborative model, emphasis is placed on facilitating family and child centeredness; promoting assessment and evaluation in the natural environment; stressing collaboration among service providers; promoting critical skills within the families routines and activities and empowering families with information for effective transitioning to preschool. The objective of this condensed version is to provide an overview of the conceptual framework for providing early intervention services to infants and toddlers with multiple disabilities.

A Module for Focusing on a Better Approach to Family Centeredness

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Appendix D2
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

General Directions for the Trainer

Trainer Guidelines

The Trainer Guidelines present instructions and major points to be made during the lecture. The Trainee Workbook contains a corresponding expansion of the lecture. It is important that the Trainer is familiar with the Trainee Workbook. The transparencies to be used during the lecture are reduced and placed within the text for easy reference. The Trainer needs to make transparencies from the pages titled TRANSPARENCIES. The Trainer will conduct a number of Trainee activities throughout the session. The activities have been placed within the text for easy reference.

Any portion of this module may be duplicated.

Appendix A contains the Pretest and Posttest answers.

Trainee Workbook

The Trainee Workbook contains a written version of the lecture. The Transparencies that are used have been reduced and placed within the text of the Workbook. The activities to be completed by the Trainee are located within the text.

The Trainee should be included in the demonstration of positive communications during the training. The written examples of the activities may be written on notecards for Trainer's ease in delivery.

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Trainer Guidelines

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2.0 Identifying Variables of Family Centeredness 5

3.0 Developing an Eco-Map and Determining the Outcome 8

4.0 Determining Content and Strategies for Using Positive Communication . . . 13

5.0 Conclusion/Evaluation 16

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Activities

Transparencies

Trainee Workbook

1.0 Introduction W-3

2.0 Identifying Variables of Family Centeredness W-5

3.0 Developing an Eco-Map and Determining the Outcomes W-7

4.0 Determining Content and Strategies for Using Positive Communication . W-10

5.0 Conclusion/Evaluation W-16

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Appendix A - Pre and Post Test Answers

Focusing on a Better Approach to Family Centeredness

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115

Lorie Hollingshead
Kristy Harris

TRAINER GUIDELINES

1.0 INTRODUCTION

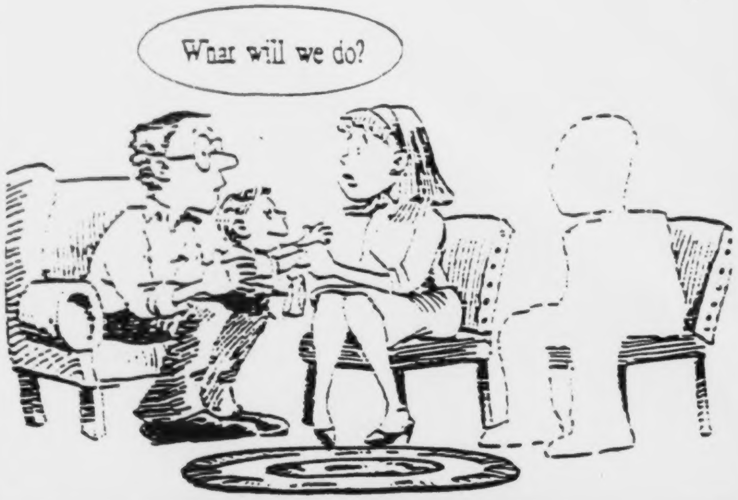
As we strive to provide services for families in our community, it is vital that we recognize the components that complete the family unit. As individuals, each of us are a section of a family unit. Each family unit is defined differently. Your own family is different from your co-worker's because of religion, culture, communication, economic status, and individual personality. Some of the things we don't consider that make us different is our housing, music, eating routines, clothing, entertainment, etc. As service providers, it is our role to acknowledge and respect the differences we encounter with each individual and with each family. If we allow ourselves to accept the differences, it will make it easier to be family centered. It will also make it easier to find the needed resources for the families we serve.

Display Transparency #1

It takes patience, time, respect and positive communication to start us on the road to family centeredness. It takes you to make the picture complete.

TRANSPARENCY #1

WHAT IS MISSING IN THIS PICTURE?


What will we do?

This module contains a Trainer's Guide and a Trainee Workbook. Both are divided into the following sections:

1.0 Introduction - This section provides an overview of the goals and objectives of this module.

2.0 Identifying Variables - This section discusses how society defines "family" and how to focus on the family system.

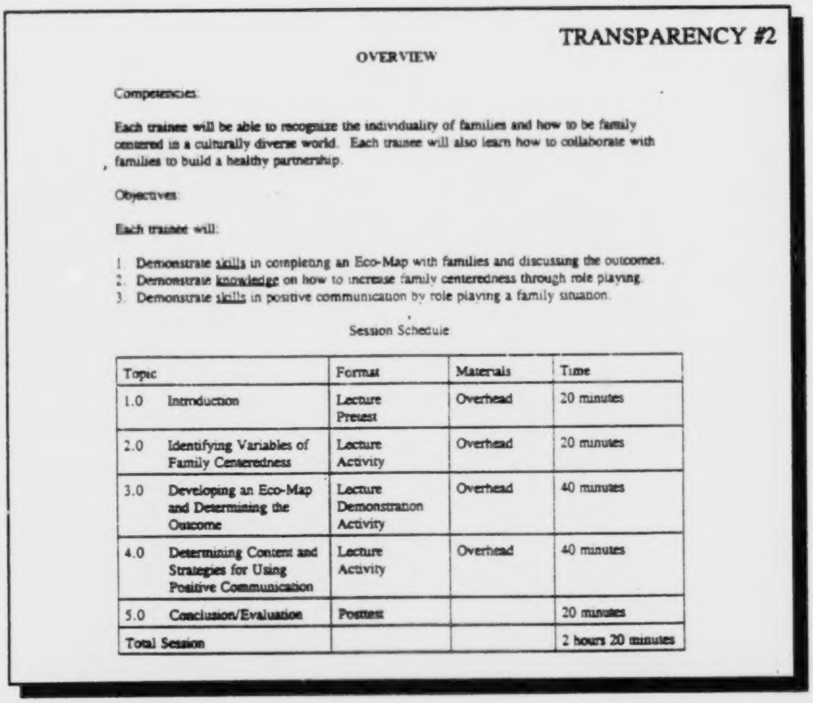
3.0 Developing an Eco-Map - This section discusses a step by step approach to developing an Eco-Map and the outcomes.

4.0 Developing Positive Communication - This section discusses the do's and don'ts of nonverbal and verbal communication.

5.0 Conclusion/Evaluation - This section gives an overview of the module, as well as providing a final measure of change in knowledge after the inservice training.

1.1 Goals and Objectives (10 minutes)

A. Display Transparency #2. Family Centeredness - Training Competencies and Objectives. Refer Trainees to page W-3 in the Trainee Workbook.



TRANSPARENCY #2

OVERVIEW

Competencies:

Each trainee will be able to recognize the individuality of families and how to be family centered in a culturally diverse world. Each trainee will also learn how to collaborate with families to build a healthy partnership.

Objectives:

Each trainee will:

1. Demonstrate skills in completing an Eco-Map with families and discussing the outcomes.
2. Demonstrate knowledge on how to increase family centeredness through role playing.
3. Demonstrate skills in positive communication by role playing a family situation.

Session Schedule

Topic	Format	Materials	Time
1.0 Introduction	Lecture Pretest	Overhead	20 minutes
2.0 Identifying Variables of Family Centeredness	Lecture Activity	Overhead	20 minutes
3.0 Developing an Eco-Map and Determining the Outcome	Lecture Demonstration Activity	Overhead	40 minutes
4.0 Determining Content and Strategies for Using Positive Communication	Lecture Activity	Overhead	40 minutes
5.0 Conclusion/Evaluation	Posttest		20 minutes
Total Session			2 hours 20 minutes

B. Provide an overview of the objectives of the training session. Explain that the Trainee will:
   1. Demonstrate skills in completing an Eco-Map with families and discussing the outcomes.
   2. Demonstrate knowledge on how to increase family centeredness through role playing.
   3. Demonstrate skills in positive communication by role playing a family situation.

1.2 Pretest (10 minutes)

A. Refer Trainee to page W-4 in the Trainee Workbook.

B. Explain the purpose of the pre-posttest. Allow 10 minutes for completion.

C. Give the Trainees the results of the pretest at the end of the training session (Appendix A).

A Posttest will be given to the Trainees at the end of the session.

2.0 IDENTIFYING VARIABLES OF FAMILY CENTEREDNESS

2.1 The Changing Definitions of Family

A. Display Transparency #3

Discuss how over the years, society's definition of family has changed. We can no longer look at "family" as meaning a mother, father and child living together.

TRANSPARENCY #3

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

The Trainer should REMEMBER to point out: The definition you use for a family may not be the same definition used by another family.

2.2 Family Focusing

A. Discuss the importance of asking ourselves, "Are we truly family centered?" "Family centered" means more than:
   - involving parents in programs.
   - providing parents with information and training.
   - helping them to become substitute therapists and teachers for their children.
   - having a parent present at an Individualized Family Service Plan (IFSP) meeting to sign forms.

B. Display Transparency #4

Strategies for becoming truly family sensitive include:

TRANSPARENCY #4

- Accepting the family, and not just the child, as the focus of services
- Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest
- Forming a partnership with each family that is supportive of their needs, desires, and expectations
- Accepting the unique social, moral, and cultural values of each family
- Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk
- Recognizing that their definitions may vary from those that professionals have typically accepted
- Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

At times, as professionals in our field, we over-observe for details which may not necessarily serve as vital pieces of information.

For instance - Is the yard cut? Is the house clean? Are the children dressed appropriately?

Our role is not to make judgements, but to provide the best services we can to the families despite the situation of the family. An appreciation of the importance of the family's role, the unique contribution they make, or the constant responsibility they assume in the care of their children may not always be reflected in the professionals attitudes, policies or practices. (Family Centered Care For Children with Special Health Care Needs. Shelton, Jeppson & Johnson p.4)

C. Display Transparency #5

TRANSPARENCY #5

Ancient Chinese Proverb, "A child's life is like a piece of paper on which every passerby leaves a mark."

If you were to change the Proverb to be family centered it would read, "A family's life is like a piece of paper on which every passerby leaves a mark."

D. Discuss the directions to Activity #2 with the Trainees. Refer Trainees to page W-7 in the Trainee Workbook.

Activity #2

Directions: The Trainer will show the Trainees a videotape segment of a family centered interview. Turn the volume off. Have the Trainees write down 3 impressions they received from the tape.

The Trainer will show the Trainees another videotaped segment of the same family in a feeding routine. Turn the volume off for this segment also. Have the Trainees write down 3 impressions they received from this tape.

Have the group discuss the impressions they received from each segment and compare.

3.0 DEVELOPING AN ECO-MAP AND DETERMINING THE OUTCOME

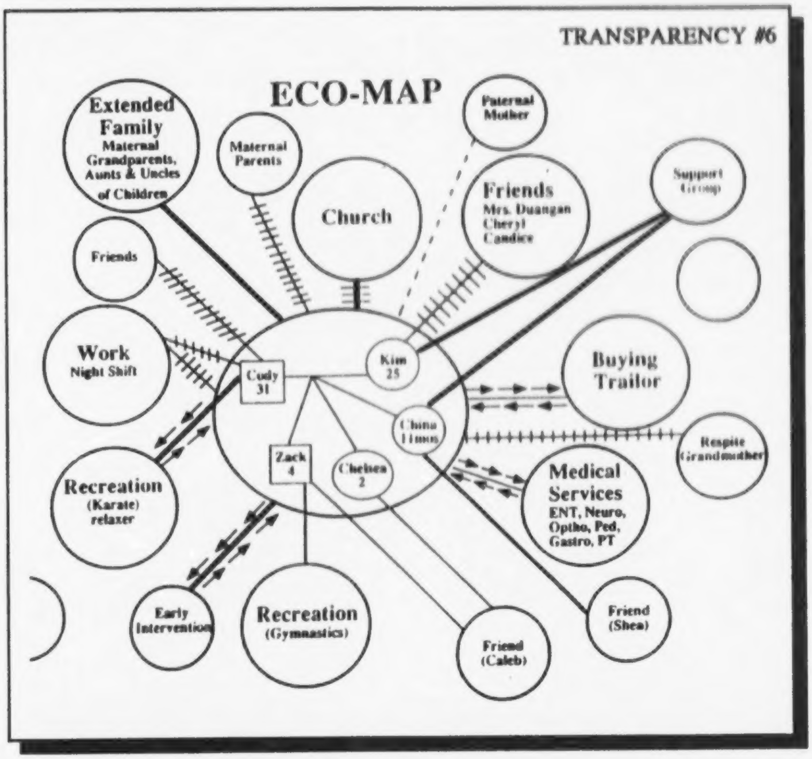
A. Discuss the purpose of the Eco-Map.

In the past, professionals have placed an emphasis on the "dysfunctional" family. Today we are trying to get away from this and place our emphasis on preserving the family and restoring the family's resources and relationships.

A recommendation for best practice procedures is to create an Eco-Map with the family.

B. Display Transparency #6. Refer Trainees to page W-8 in the Trainee Workbook.

- The Eco-Map was designed to view the whole family as a "system" that interacts with other "systems" in their lives.
- Together with the family, the professional can arrange a complex body of information that will allow both the family the professional to see the relationships within the family system.


TRANSPARENCY #6

ECO-MAP
Extended Family
Maternal Grandparents, Aunts & Uncles of Children
Maternal Parents
Church
Paternal Mother
Friends
Mrs. Duangan
Cheryl
Candice
Support Group
Friends
Work
Night Shift
Cody 31
Kim 25
Buying Trailor
China 11mos
Respite Grandmother
Zack 4
Chelsea 2
Medical Services
ENT, Neuro, Optho, Ped, Gastro, PT
Recreation
(Karate) relaxer
Early Intervention
Recreation
(Gymnastics)
Friend (Caleb)
Friend (Shea)

According to Hartman and Laird, the Eco-Map shows:

- the flow of resources and the nature of family-environment exchanges
- any lacks or deprivations which erode family strengths.

When it is completed the family and professional should be able to identify conflicts to be mediated, bridges to be built and resources to be sought and mobilized. (The family in Space: Ecological Assessment Hartman, Ann & Laird, Joan. Family Centered Social Work Practice. P 159 McMillian, NY 1983).

3.1 How to Create An Eco-Map

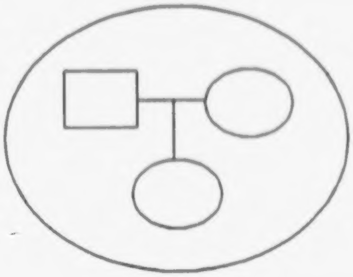
A. Display Transparency #7. Refer Trainees to page W-9 in the Trainee Workbook.

TRANSPARENCY #7

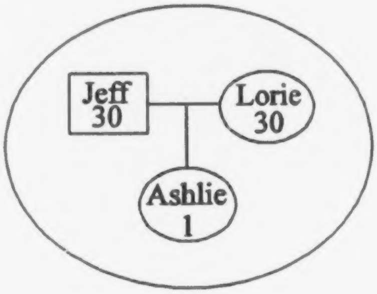
How to create an Eco-Map

1. The Eco-Map begins with a large circle in the middle of the page which describes the nuclear family or household members.

2. Each family member is described as a square for males and circles for females.



3. The person's name and age should be written in the corresponding shapes.



4. Identify the resources and relationships that affect the family system.

Ex: Extended family, friends, transportation, job, recreation, medical services, social services, related services, spiritual/cultural, school, day care, respite, housing.

The resources and relationships are to be placed around the nuclear family. Refer to the completed Eco-Map, Transparency #6.

5. Each family-environmental exchange should be portrayed by using the following descriptions:

━━━━━━━━━━ Strong or positive connection
- - - - - - - - - - - - Weak connection
┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼ Stressful or conflicted relationship
→→→→→→→→ Flow of energy or resources
←←←←←←←←

Activity #3

B. Discuss the directions to Activity #3 with the Trainees.

Directions: The Trainer will show the Trainees a completed Eco-Map of a family. Display Transparency #6 and refer Trainees back to page W-8. The Trainee should be given time to review the information. The Trainer will discuss with the Trainees what is known about the family and what possible changes can be made.

POINTS TO DISCUSS

Strong points for Kim

- support group
- church

Strong points for Cody

- recreation

Strong points for the family

- extended family
  (gets along well)
  (respite)
  (handyman)
- Early Intervention

Weak points for the family

- Paternal mother is old and unable to help out
- Doesn't have much to do with the family

Conflicts

- Don't like each other's friends (do not socialize together)
- Different denominations (do not go to church together)
- Cody has a night job (lack of time for communication & family time)
- Maternal parents are divorced and bickers, little time for family (family stays mad at parents)
- Grandmother is very old - some feel she is too old to care for grandchildren

Second, the Trainer will discuss the following family with the Trainees.

FAMILY PROFILE

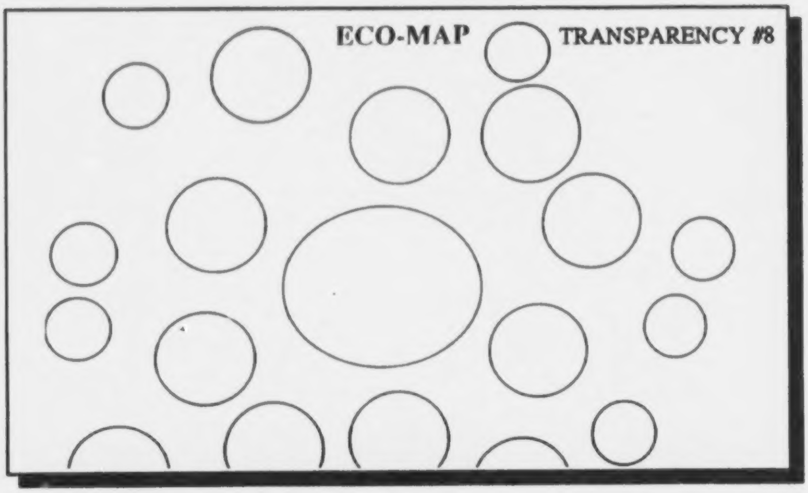
Steve is the 36 year old husband of Beth who is 35. They have a cute little boy, Justin, who is 2. Justin has an orthopedic problem. His feet turn inward and the tendons are constricted causing his toes to curl inward. Justin was refereed by his pediatrician at 6 months. He was seen by 3 orthopedic physicians by the time he was 12 months. All three physicians felt the feet would correct on their own. THEY DID NOT! At 16 months, a new orthopedic physician was found by Justin's grandfather. This physician saw Justin's problem differently. He is now wearing special shoes for 23 hours a day and they are hard and bulky. Surgery may be required at the end of 6 months if the special shoes do not correct the problem. Justin goes to day care where he loves art and going outside. He also enjoys playing with his friends Haley, Michael, and Kara. Justin is healthy and his mom keeps up with all of his pediatric appointments as scheduled.

Steve has a good job. He enjoys playing golf. This also helps to relieve any stress. Steve also enjoys doing things with his friends Gary, Ken, and Jonathan.

Beth also has a good part-time job. She enjoys spending time with her friends Jan and Rhonda.

They recently bought a new home and they enjoy going to church together. Beth's parents and grandparents are very helpful with Justin, but they live out of town. When Steve and Beth need time to themselves they have to drive a distance to leave Justin with family. Steve's parents are divorced and they do not get along with each other because of the step-mother and half-sister. This situation often causes heated problems between Steve's siblings and his father and his new family. His parents live a distance away also.

Display Transparency #8



Ask the Trainees to remove the Family Profile and blank Eco-Map on pages W-11 and W-12 from their Workbook. The Trainer will give the group time to review the family profile. Next, ask the group to tell the Trainer what needs to be drawn and what questions should be asked in order to complete the Eco-Map.

Encourage Trainees to complete their blank Eco-Map during the group discussion. The Trainer and group will discuss the completed map and what possible changes can be made.

C. Third, the Trainer will ask each Trainee to remove the last two blank Eco-Maps from their Workbook. Refer Trainees to page W-13 and W-14 in the Trainee Workbook. Ask each Trainee to draw an Eco-Map of themselves today and one of themselves 5 years ago and compare. Have the group discuss how families change frequently.

4.0 DETERMINING CONTENT AND STRATEGIES FOR USING POSITIVE COMMUNICATION

4.1 Positively Speaking

A. Discuss that as the Eco-Map is developed, it is important to remember that the key to building a family-professional partnership is positive communication.

Communication:
- effects both the family and professional, and
- determines how we will respond to one another.

The family of a child with a disability may be very sensitive to their situation and they expect the professional to be also. When you visit a parent have some idea about the diagnosis of the child and the family's situation. This often makes the parent feel more open to talk to you since you have shown extra interest in their situation. DON'T TALK BEFORE YOU THINK! Families listen closely to every thing we say. They watch facial expressions, body language and even listen to our tone of voice.

B. Display Transparency #9. Refer each Trainee to page W-15 in the Trainee Workbook.

Listed below is a list of don'ts and do's in non-verbal communication and verbal communication.

TRANSPARENCY #9

NONVERBAL COMMUNICATION

	DON'T		DO
1.	sit away from the family	1.	sit close to the family
2.	sit with your back to the family	2.	sit facing the family
3.	ignore family silence	3.	listen to what the family is not saying
4.	let your eyes roam during the conversation	4.	look each family member in the eyes
5.	carry your body in a way that seems unconcerned	5.	let your posture show attentiveness
6.	let your facial expressions show negativity	6.	let your facial expressions show concern and/or approval
7.	overlook/neglect others present	7.	Acknowledge all present
8.	change the home environment	8.	Ask if you can change the environment if it is interfering with your task

C. Display Transparency #10. Refer each Trainee to page W-15 in the Trainee Workbook.

TRANSPARENCY #10

VERBAL COMMUNICATION

	DON'T		DO
1.	use all professional jargon ex: laws, P.L., abbreviations	1.	use words a parent can understand
2.	use words that will degrade the family. "Watch your tone"	2.	change your words to be positive and learn to encourage
3.	get into a power struggle with the family	3.	allow family to help make the decisions that will affect them
4.	change the language of the family	4.	accept the parents language ex: affectionate, confectionate
5a.	assume you always understand what they're trying to say	5a	acknowledge and clarify what you've heard
5b.	assume they always understand what you are trying to say	5b	clarify what you are saying
6.	expect to say something one time and the family understand	6.	repeat the important information over and over
7.	discuss barriers among professionals with parents	7.	remain neutral

Poor communication can damage the family-professional partnership.

- the family may become afraid of **all** professionals
- the family may not receive needed resources
- the child's development may not occur as rapidly as if appropriate services were provided

- -

Activity #4

D. Discuss directions to Activity #4 with the Trainees.

Directions: The Trainer will divide the Trainees into teams. The Trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The Trainer and Trainees will discuss each scenario.

SCENARIOS

- You have been telephoned by a parent asking if it would be convenient to change their Tuesday appointment to Friday so you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared and the parents were uninformed.

- You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannounced to borrow the telephone. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

- You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need to receive from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

- You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

- You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something on their mind they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

- You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

- You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in the child's intervention and in making decisions.

- -

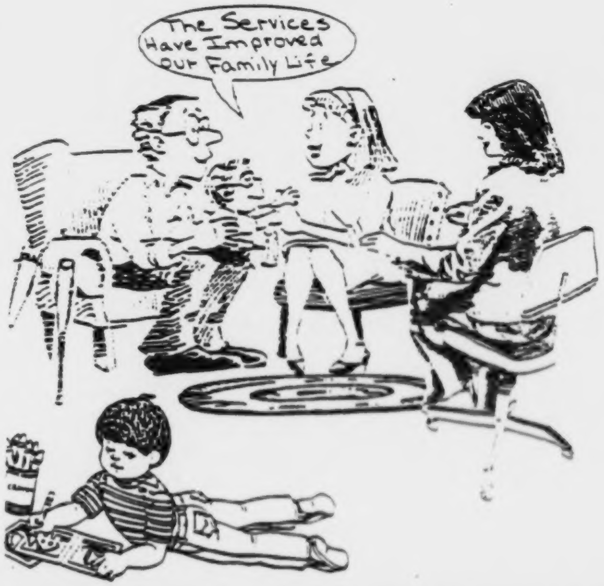
5.0 CONCLUSION

One of the most important things for a professional to remember is the key to family participation is being family focused. The family will respond more positively to you and the information you give them if you show concern. You may be the first professional they learn to trust and feel comfortable confiding in. Respect the family's home and surroundings. Give the family direction in the development of their family and child, as well as increasing their awareness of the available resources. Let them feel you have included them in all aspects of intervention.

Display Transparency #11

TRANSPARENCY #11

TOGETHER WE CAN FIND THE RESOURCES


The Services Have Improved our Family Life

Again, it takes patience, time, respect and positive communication to start us on the road to family centeredness. It takes you to make the picture complete.

5.1 Evaluation

A. Refer Trainees to the Posttest (Activity #5) on page W-18. Ask the Trainees to remove it from their Workbook. Discuss that the Posttest is given to determine their knowledge after the training session. Trainees will be given 10 minutes to complete the Posttest.

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ACTIVITIES

Pre-Posttest

Name:__________________________________ Pre _______ Post __________

1. Define family.

2. What does family-centeredness mean to you?

3. What complex body of information can be designed to show the flow of resources between the family and its environment?

   a. Personal Profile
   b. Relationship Map
   c. Eco-Map
   d. Family Tree

4. Identify at least four resources that can affect the family system.

   a.
   b.
   c.
   d.

5. What is the key to building a positive family-professional partnership?

6. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

   TRUE FALSE

7. A family's silence often means they are listening and understanding.

   TRUE FALSE

8. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

   TRUE FALSE

Activity #2

Directions: The trainer will show the trainees a videotape segment of a family centered interview. Turn the volume off. Have the trainees write down 3 impressions they received from the tape.

The trainer will show the trainees another videotaped segment of the same family in a feeding routine. Turn the volume off for this segment also. Have the trainees write down 3 impressions they received from this tape.

Have the group discuss the impressions they received from each segment and compare.

Activity #3

Directions: The trainer will show the trainees a completed Eco-Map of a family. Display Transparency #6 and refer Trainees back to page W-8. The trainee should be given time to review the information. The trainer will discuss with the trainees what is known about the family and what possible changes can be made.

POINTS TO DISCUSS

Strong points for Kim

- support group
- church

Strong points for Cody

- recreation

Strong points for the family

- extended family
  (gets along well)
  (respite)
  (handyman)
- Early Intervention

Weak points for the family

- Paternal mother is old and unable to help out
- Doesn't have much to do with the family

Conflicts

- Don't like each other's friends (do not socialize together)
- Different denominations (do not go to church together)
- Cody has a night job (lack of time for communication & family time)
- Maternal parents are divorced and bickers, little time for family (family stays mad at parents)
- Grandmother is very old - some feel she is too old to care for grandchildren

Second, the trainer will discuss the following family with the trainees.

FAMILY PROFILE

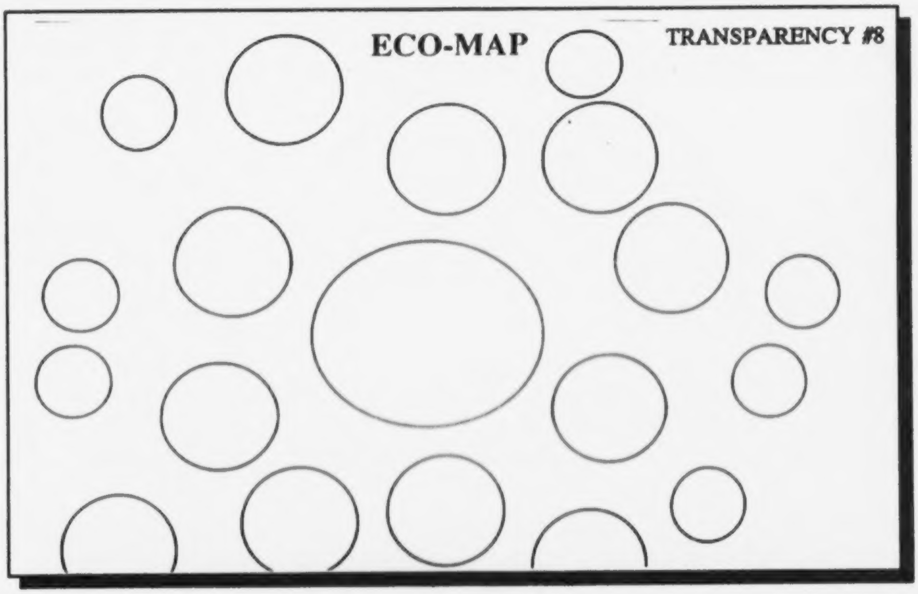
Steve is the 36 year old husband of Beth who is 35. They have a cute little boy, Justin, who is 2. Justin has an orthopedic problem. His feet turn inward and the tendons are constricted causing his toes to curl inward. Justin was refereed by his pediatrician at 6 months. He was seen by 3 orthopedic physicians by the time he was 12 months. All three physicians felt the feet would correct on their own. THEY DID NOT! At 16 months, a new orthopedic physician was found by Justin's grandfather. This physician saw Justin's problem differently. He is now wearing special shoes for 23 hours a day and they are hard and bulky. Surgery may be required at the end of 6 months if the special shoes do not correct the problem. Justin goes to day care where he loves art and going outside. He also enjoys playing with his friends Haley, Michael, and Kara. Justin is healthy and his mom keeps up with all of his pediatric appointments as scheduled.

Steve has a good job. He enjoys playing golf. This also helps to relieve any stress. Steve also enjoys doing things with his friends Gary, Ken, and Jonathan.

Beth also has a good part-time job. She enjoys spending time with her friends Jan and Rhonda.

They recently bought a new home and they enjoy going to church together. Beth's parents and grandparents are very helpful with Justin, but they live out of town. When Steve and Beth need time to themselves they have to drive a distance to leave Justin with family. Steve's parents are divorced and they do not get along with each other because of the step-mother and half-sister. This situation often causes heated problems between Steve's siblings and his father and his new family. His parents live a distance away also.

Display Transparency #8



Ask the trainees to remove the Family Profile and blank Eco-Map on pages W-11 and W-12 from their workbook. The trainer will give the group time to review the family profile. Next, ask the group to tell the trainer what needs to be drawn and what questions should be asked in order to complete the Eco-Map.

Encourage trainees to complete their blank Eco-Map during the group discussion. The trainer and group will discuss the completed map and what possible changes can be made.

C. Third, the trainer will ask each trainee to remove the last two blank Eco-Maps from their workbook. Refer trainees to pages W-13 and W-14 in the Trainee Workbook. Ask each trainee to draw an Eco-Map of themselves today and one of themselves 5 years ago and compare. Have the group discuss how families change frequently.

Activity #4

Directions: The trainer will divide the trainees into teams. The trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The trainer and trainees will discuss each scenario.

SCENARIOS

- You have been telephoned by a parent asking if it would be convenient to change their Tuesday appointment to Friday so you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared and the parents were uninformed.

- You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannouned to borrow the telephone. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

- You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need to receive from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

- You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

- You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something on their mind they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

- You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

- You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in their chld's intervention and in making decisions.

ACTIVITY #5

Pre-Posttest

Name:________________________________ Pre _______ Post _________

1. Define family.

2. What does family-centeredness mean to you?

3. What complex body of information can be designed to show the flow of resources between the family and its environment?

   a. Personal Profile
   b. Relationship Map
   c. Eco-Map
   d. Family Tree

4. Identify at least four resources that can affect the family system.

   a.
   b.
   c.
   d.

5. What is the key to building a positive family-professional partnership?

6. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

   TRUE FALSE

7. A family's silence often means they are listening and understanding.

   TRUE FALSE

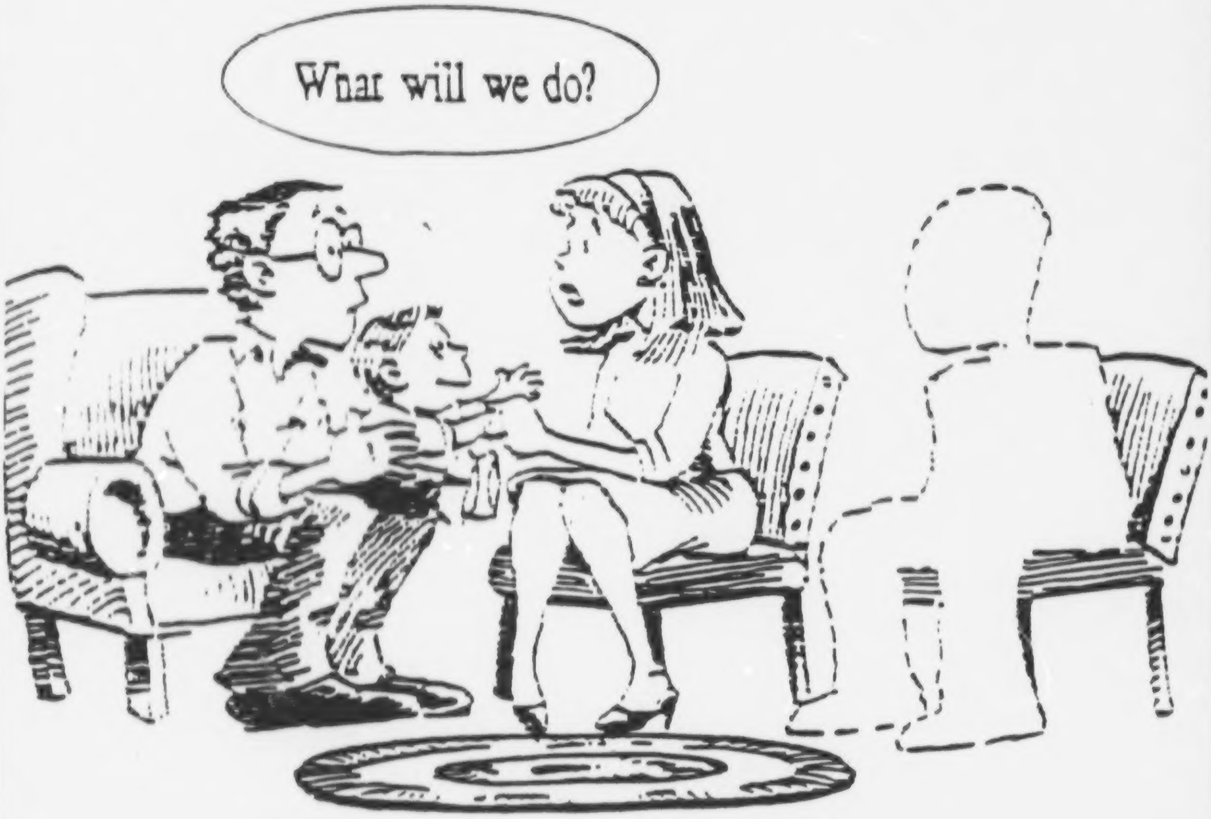
8. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

   TRUE FALSE

TRANSPARENCIES

TRANSPARENCY #1

WHAT IS MISSING IN THIS PICTURE?


What will we do?

TRANSPARENCY #2

OVERVIEW

Competencies:

Each trainee will be able to recognize the individuality of families and how to be family centered in a culturally diverse world. Each trainee will also learn how to collaborate with families to build a healthy partnership.

Objectives:

Each trainee will:

1. Demonstrate skills in completing an Eco-Map with families and discussing the outcomes.
2. Demonstrate knowledge on how to increase family centeredness through role playing.
3. Demonstrate skills in positive communication by role playing a family situation.

Session Schedule

Topic	Format	Materials	Time
1.0 Introduction	Lecture Pretest	Overhead	20 minutes
2.0 Identifying Variables of Family Centeredness	Lecture Activity	Overhead	20 minutes
3.0 Developing an Eco-Map and Determining the Outcome	Lecture Demonstration Activity	Overhead	40 minutes
4.0 Determining Content and Strategies for Using Positive Communication	Lecture Activity	Overhead	40 minutes
5.0 Conclusion/Evaluation	Posttest		20 minutes
Total Session			2 hours 20 minutes

DEFINITIONS OF "FAMILY"

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

STRATEGIES FOR BECOMING FAMILY SENSITIVE

* Accepting the family, and not just the child, as the focus of services

* Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest

* Forming a partnership with each family that is supportive of their needs, desires, and expectations

* Accepting the unique social, moral, and cultural values of each family

* Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk

* Recognizing that their definitions may vary from those that professionals have typically accepted

* Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

TRANSPARENCY #5

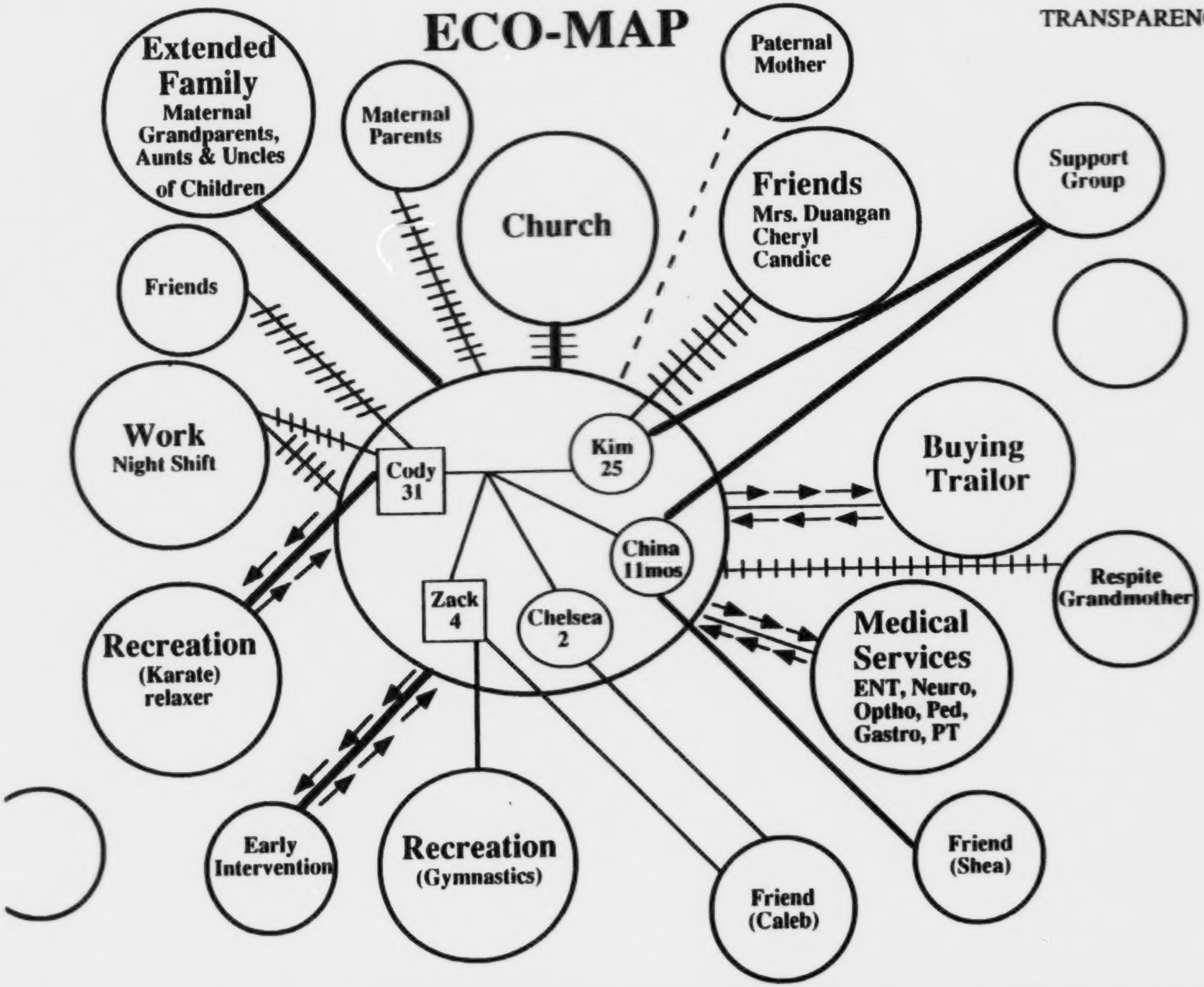
AWARENESS OF PROFESSIONALS' IMPACT ON THE FAMILY AND CHLD

Ancient Chinese Proverb, ***"A child's life is like a piece of paper on which every passerby leaves a mark."***

If you were to change the Proverb to be family centered it would read, ***"A family's life is like a piece of paper on which every passerby leaves a mark."***

TRANSPARENCY #6

ECO-MAP


Extended Family
Maternal Grandparents, Aunts & Uncles of Children
Maternal Parents
Church
Paternal Mother
Friends
Mrs. Duangan
Cheryl
Candice
Support Group
Friends
Work
Night Shift
Cody
31
Kim
25
Buying Trailor
China
11mos
Respite
Grandmother
Zack
4
Chelsea
2
Medical Services
ENT, Neuro, Optho, Ped, Gastro, PT
Recreation
(Karate)
relaxer
Early Intervention
Recreation
(Gymnastics)
Friend
(Caleb)
Friend
(Shea)

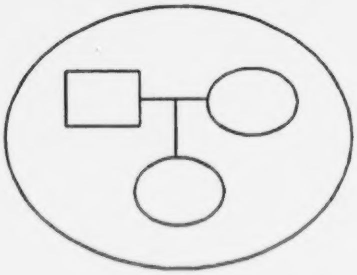
BEST COPY AVAILABLE

TRANSPARENCY #7

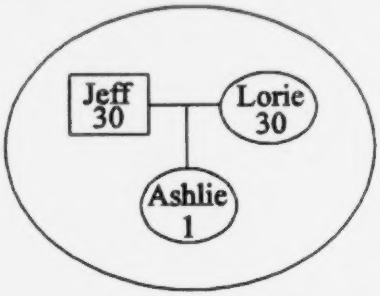
How to create an Eco-Map

1. The Eco-Map begins with a large circle in the middle of the page which describes the nuclear family or household members.

2. Each family member is described as a square for males and circles for females.



3. The person's name and age should be written in the corresponding shapes.



4. Identify the resources and relationships that affect the family system.

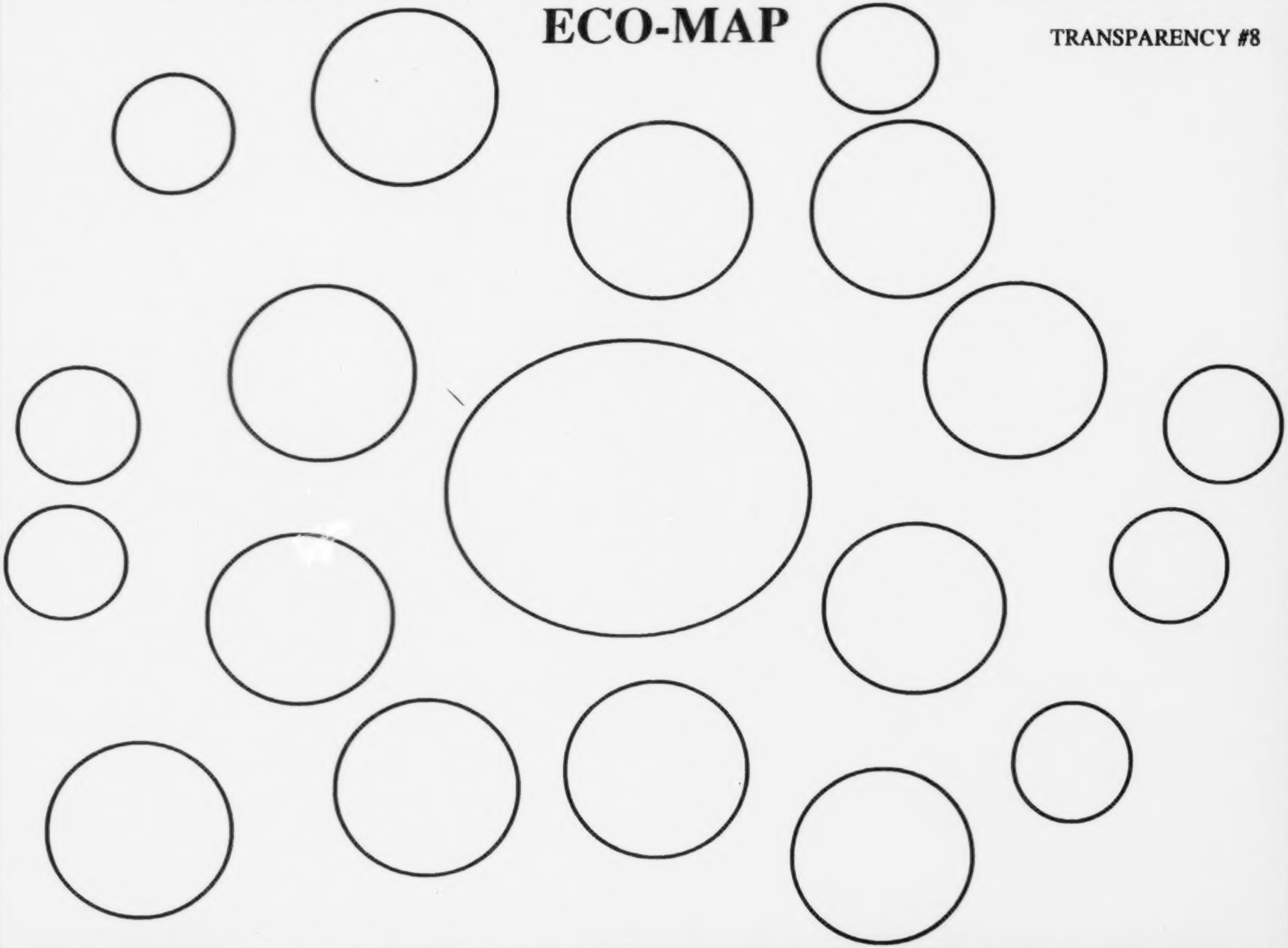
Ex: Extended family, friends, transportation, job, recreation, medical services, social services, related services, spiritual/cultural, school, day care, respite, housing. The resources and relationships are to be placed around the nuclear family. Refer to the completed Eco-Map, Transparency #6.

5. Each family-environmental exchange should be portrayed by using the following descriptions:

▬▬▬▬▬▬▬ Strong or positive connection
- - - - - - - - - - Weak connection
+++++++++++++++ Stressful or conflicted relationship
→→→→→→→→ Flow of energy or resources
←←←←←←←←

TRANSPARENCY #8

ECO-MAP



TRANSPARENCY #9

NONVERBAL COMMUNICATION

DON'T	DO
1. sit away from the family	1. sit close to the family
2. sit with your back to the family	2. sit facing the family
3. ignore family silence	3. listen to what the family is not saying
4. let your eyes roam during the conversation	4. look each family member in the eyes
5. carry your body in a way that seems unconcerned	5. let your posture show attentiveness
6. let your facial expressions show negativity	6. let your facial expressions show concern and/or approval
7. overlook/neglect others present	7. Acknowledge all present
8. change the home environment	8. Ask if you can change the environment if it is interfering with your task

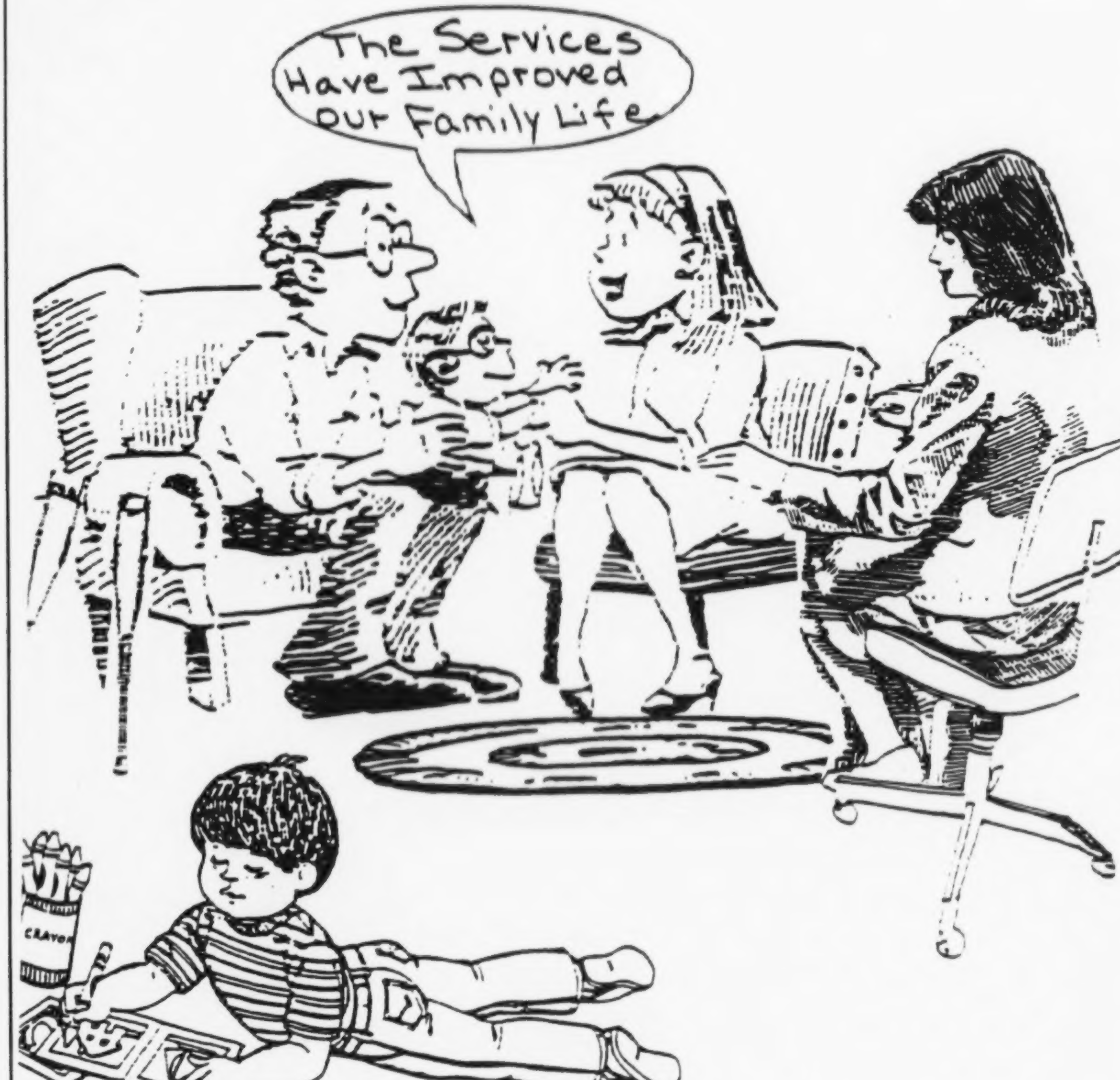
TRANSPARENCY #10

VERBAL COMMUNICATION

	DON'T		DO
1.	use all professional jargon ex: laws, P.L., abbreviations	1.	use words a parent can understand
2.	use words that will degrade the family. **"Watch your tone"**	2.	change your words to be positive and learn to encourage
3.	get into a power struggle with the family	3.	allow family to help make the decisions that will affect them
4.	change the language of the family	4.	accept the parents language ex: affectionate, confectionate
5a.	assume you always understand what they're trying to say	5a	acknowledge and clarify what you've heard
5b.	assume they always understand what you are trying to say	5b	clarify what you are saying
6.	expect to say something one time and the family understand	6.	repeat the important information over and over
7.	discuss barriers among professionals with parents	7.	remain neutral

TRANSPARENCY #11

TOGETHER WE CAN FIND THE RESOURCES


The Services Have Improved Our Family Life
CRAYON

An Inservice Training Program

Focusing On a Better Approach to Family Centeredness

A Workbook for Developing: Family Centeredness

Trainee Workbook

ACTIVITY #1

Pre-Posttest

Name:________________________________ Pre _______ Post __________

1. Define family.

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   d. Family Tree

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   b.
   c.
   d.

5. What is the key to building a positive family-professional partnership?

6. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

   TRUE FALSE

7. A family's silence often means they are listening and understanding.

   TRUE FALSE

8. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

   TRUE FALSE

OVERVIEW

Competencies:

Each Trainee will be able to recognize the individuality of families and how to be family centered in a culturally diverse world. Each Trainee will also learn how to collaborate with families to build a healthy partnership.

Objectives:

Each Trainee will:

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5.0 Conclusion/Evaluation	Posttest		20 minutes
Total Session			2 hours 20 minutes

1.0 Pretest

Activity #1: Pretest - turn to the following page for the Pretest

---

The pretest (Activity #1) is on the previous page. Remove it from your workbook. The pretest is given to determine your knowledge prior to the training session. A Posttest will be given to you at the end of the session. You will be given 10 minutes to complete the pretest.

2.0 IDENTIFYING VARIABLES OF FAMILY CENTEREDNESS

2.1 The Changing Definitions of Family

TRANSPARENCY #3

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988
2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)
3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. p.638, 1993)
4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)
5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

Over the years society's definition of family has changed. We can no longer look at "family" as meaning a mother, father and child living together.

REMEMBER: The definition you use for a family may not be the same definition used by another family.

2.2 Family Focusing

As we begin to look at the families we work with, we need to stop and ask ourselves, "Are we truly family centered?" "Family centered" means more than:
- involving parents in programs.
- providing parents with information and training.
- helping them to become substitute therapists and teachers for their children.
- having a parent present at an Individualized Family Service Plan (IFSP) meeting to sign forms.

Strategies for becoming truly family sensitive include:

TRANSPARENCY #4

- Accepting the family, and not just the child, as the focus of services
- Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest
- Forming a partnership with each family that is supportive of their needs, desires, and expectations
- Accepting the unique social, moral, and cultural values of each family
- Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk
- Recognizing that their definitions may vary from those that professionals have typically accepted
- Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

At times, as professionals in our field, we over-observe for details which may not necessarily serve as vital pieces of information.

For instance - Is the yard cut? Is the house clean? Are the children dressed appropriately?

Our role is not to make judgements, but to provide the best services we can to the families despite the situation of the family. An appreciation of the importance of the family's role, the unique contribution they make, or the constant responsibility they assume in the care of their children may not always be reflected in the professionals' attitudes, policies or practices. (Family Centered Care For Children with Special Health Care Needs. Shelton, Jeppson & Johnson p.4)

TRANSPARENCY #5

Ancient Chinese Proverb, "A child's life is like a piece of paper on which every passerby leaves a mark."

If you were to change the Proverb to be family centered it would read, "A family's life is like a piece of paper on which every passerby leaves a mark."

Activity #2

Directions: The Trainer will show you a videotape segment of a family centered interview. There will be no volume. Write down 3 impressions you received from the tape.

The Trainer will show you another videotaped segment of the same family in a feeding routine. There will be no volume on this segment either. Write down 3 impressions you received from this tape.

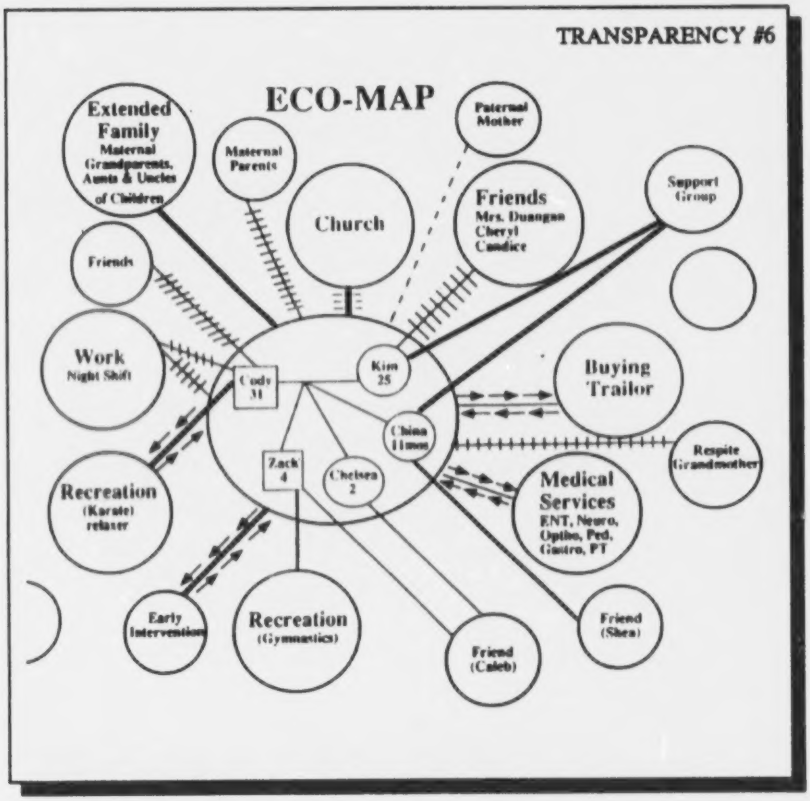
As a group, discuss the impressions from each segment and compare.

3.0 DEVELOPING AN ECO-MAP AND DETERMINING THE OUTCOME

In the past, professionals have placed an emphasis on the "dysfunctional" family. Today we are trying to get away from this and place our emphasis on preserving the family and restoring the family's resources and relationships. A recommendation for best practice procedures is to create an Eco-Map with the family.

- The Eco-Map was designed to view the whole family as a "system" that interacts with other "systems" in their lives.

- Together with the family, the professional can arrange a complex body of information that will allow both the family and the professional to see the relationships within the family system.


TRANSPARENCY #6
ECO-MAP
Extended Family Maternal Grandparents, Aunts & Uncles of Children
Maternal Parents
Church
Paternal Mother
Friends Mrs. Duangan Cheryl Candice
Support Group
Friends
Work Night Shift
Cody 31
Kim 25
Buying Trailor
China 11mos
Respite Grandmother
Zack 4
Chelsea 2
Medical Services ENT, Neuro, Optho, Ped, Gastro, PT
Recreation (Karate) relaxer
Early Intervention
Recreation (Gymnastics)
Friend (Caleb)
Friend (Shea)

According to Hartman and Laird, the Eco-Map shows:

- the flow of resources and the nature of family-environment exchanges
- any lacks or deprivations which erode family strengths.

When it is completed the family and professional should be able to identify conflicts to be mediated, bridges to be built and resources to be sought and mobilized. (The family in Space: Ecological Assessment. Hartman, Ann & Laird, Joan. Family Centered Social Work Practice P 159 McMillian, NY 1983).

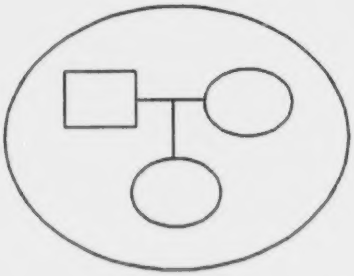
3.1 How to Create An Eco-Map

TRANSPARENCY #7

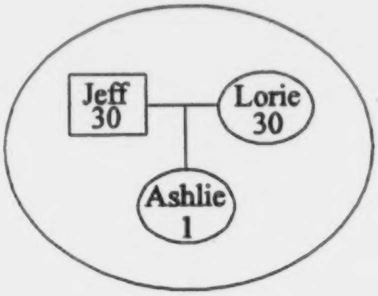
How to create an Eco-Map

1. The Eco-Map begins with a large circle in the middle of the page which describes the nuclear family or household members.

2. Each family member is described as a square for males and circles for females.



3. The person's name and age should be written in the corresponding shapes.



4. Identify the resources and relationships that affect the family system.

Ex: Extended family, friends, transportation, job, recreation, medical services, social services, related services, spiritual/cultural, school, day care, respite, housing.

The resources and relationships are to be placed around the nuclear family. Refer to the completed Eco-Map, Transparency #6.

5. Each family-environmental exchange should be portrayed by using the following descriptions:

▬▬▬▬▬▬ Strong or positive connection
- - - - - - - - - - - - Weak connection
┼┼┼┼┼┼┼┼┼┼┼┼ Stressful or conflicted relationship
→→→→→→→→ Flow of energy or resources
←←←←←←←←

Activity #3

Directions: The Trainer will show you a completed Eco-Map of a family. Refer to Transparency #6. The Trainee will be given time to review the information. The group will discuss what is known about the family and what possible changes can be made.

Second, the Trainer will discuss a different family with you. The Trainer will ask you to remove the Family Profile and blank Eco-Map on pages W-11 and W-12 from your Trainee Workbook. The group will tell the Trainer what needs to be drawn and what questions should be asked in order to complete the Eco-Map. Each Trainee should complete the blank Eco-Map with the Trainer. The group will discuss the completed map and what possible changes can be made.

Third, the Trainer will ask each Trainee to remove the last two blank Eco-Maps on pages W-13 and W-14 from their workbook. Each Trainee will draw an Eco-Map of themselves today and one of themselves 5 years ago and compare. The group will discuss how families change frequently.

4.0 DETERMINING CONTENT AND STRATEGIES FOR USING POSITIVE COMMUNICATION

4.1 Positively Speaking

As the Eco-Map is developed, it is important to remember that the key to building a family-professional partnership is positive communication. Communication:

- effects both the family and professional, and
- determines how we will respond to one another.

The family of a child with a disability may be very sensitive to their situation and they expect the professional to be also. When you visit a parent have some idea about the diagnosis of the child and the family's situation. This often makes the parent feel more open to talk to you since you have shown extra interest in their situation.

Family Profile

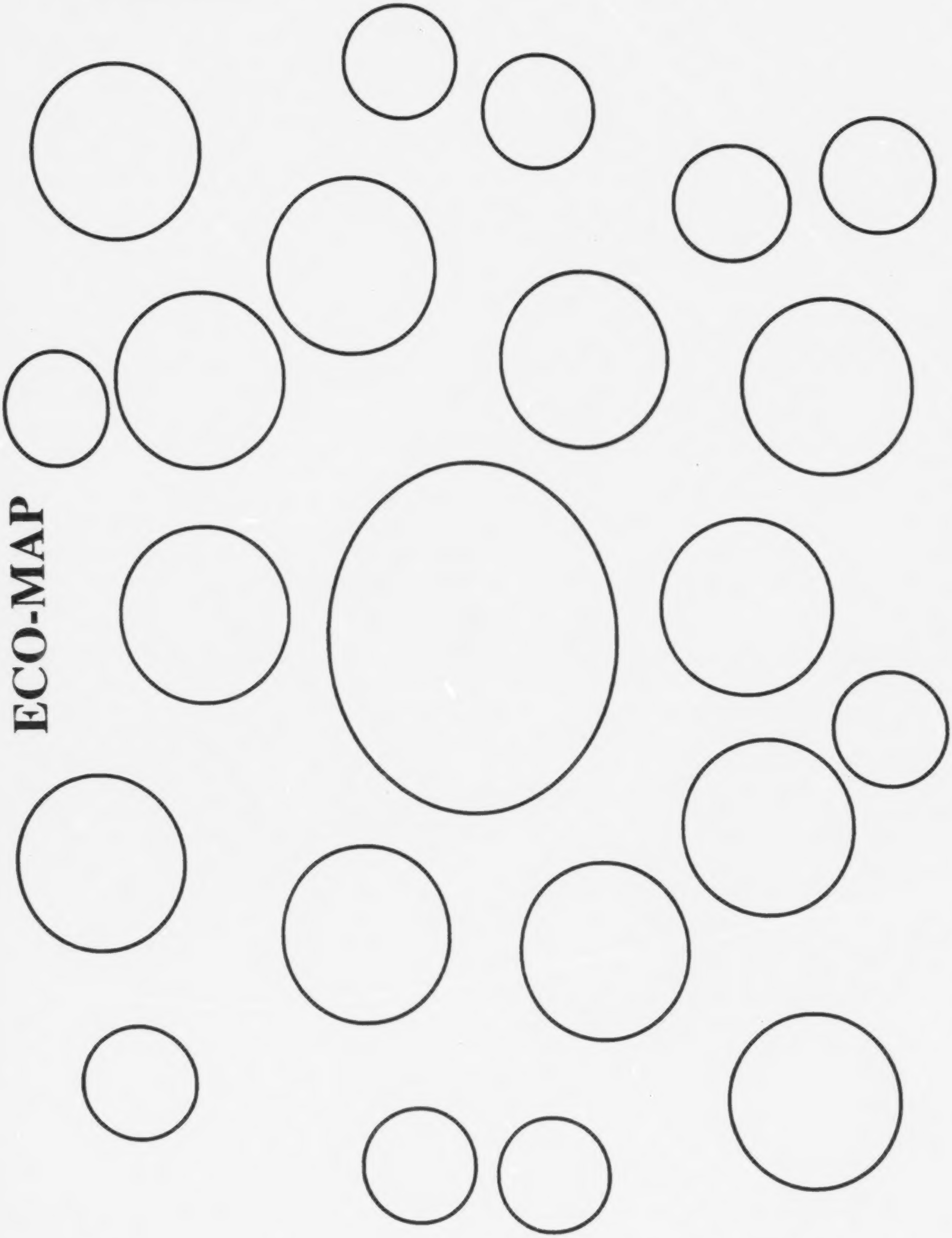
Steve is the 36 year old husband of Beth who is 35. They have a cute little boy, Justin, who is 2. Justin has an orthopedic problem. His feet turn inward and the tendons are constricted causing his toes to curl inward. Justin was referred by his pediatrician at 6 months. He was seen by 3 orthopedic physicians by the time he was 12 months. All three physicians felt the feet would correct on their own. THEY DID NOT! At 16 months, a new orthopedic physician was found by Justin's grandfather. This physician saw Justin's problem differently. He is now wearing special shoes for 23 hours a day and they are hard and bulky. Surgery may be required at the end of 6 months if the special shoes do not correct the problem. Justin goes to day care where he loves art and going outside. He also enjoys playing with his friends Haley, Michael, and Kara. Justin is healthy and his mom keeps up with all of his pediatric appointments as scheduled.

Steve has a good job. He enjoys playing golf. This also helps to relieve any stress. Steve also enjoys doing things with his friends Gary, Ken, and Jonathan.

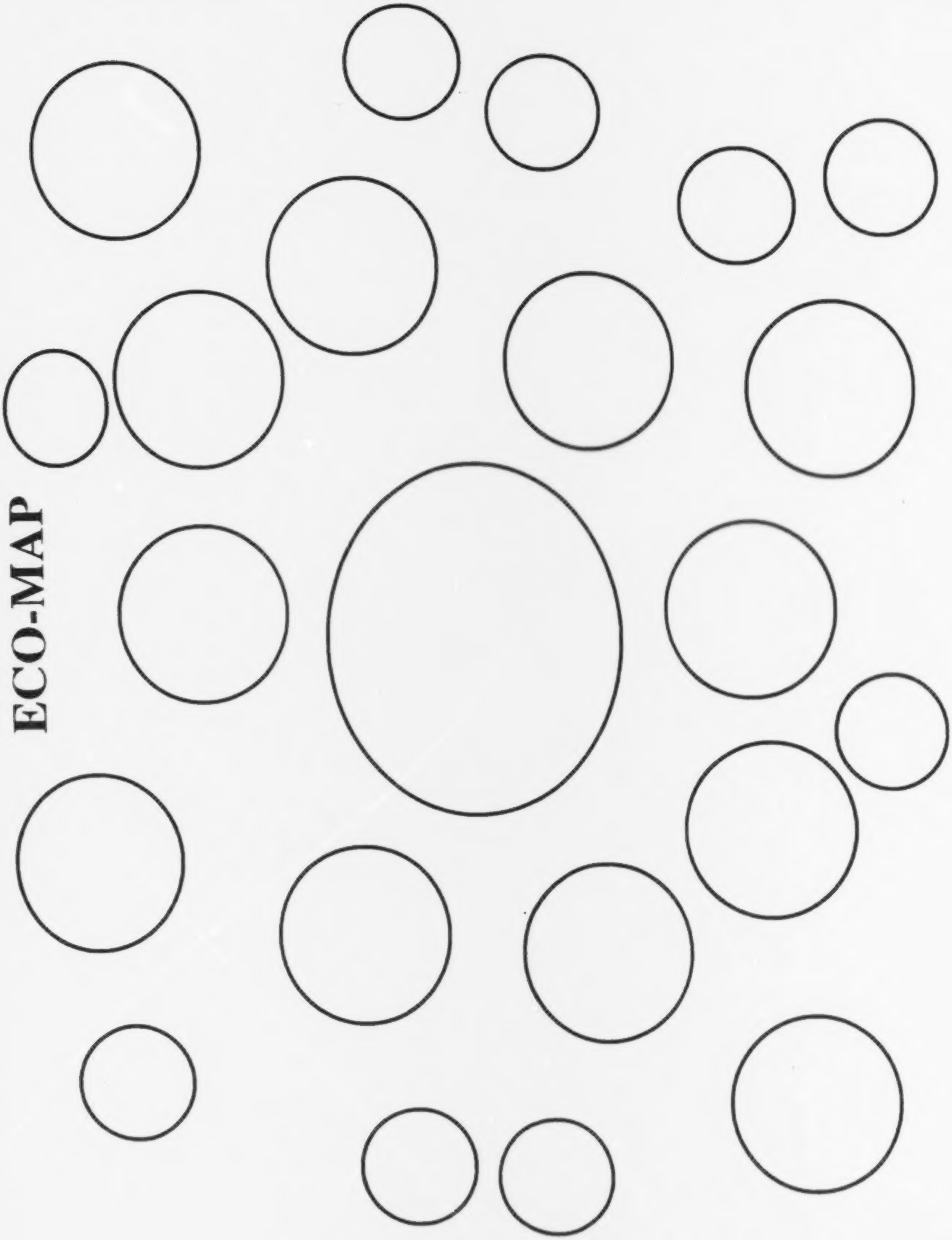
Beth also has a good part-time job. She enjoys spending time with her friends Jan and Rhonda.

They recently bought a new home and they enjoy going to church together. Beth's parents and grandparents are very helpful with Justin, but they live out of town. When Steve and Beth need time to themselves they have to drive a distance to leave Justin with family. Steve's parents are divorced and they do not get along with each other because of the step-mother and half-sister. This situation often causes heated problems between Steve's siblings and his father and his new family. His parents live a distance away also.

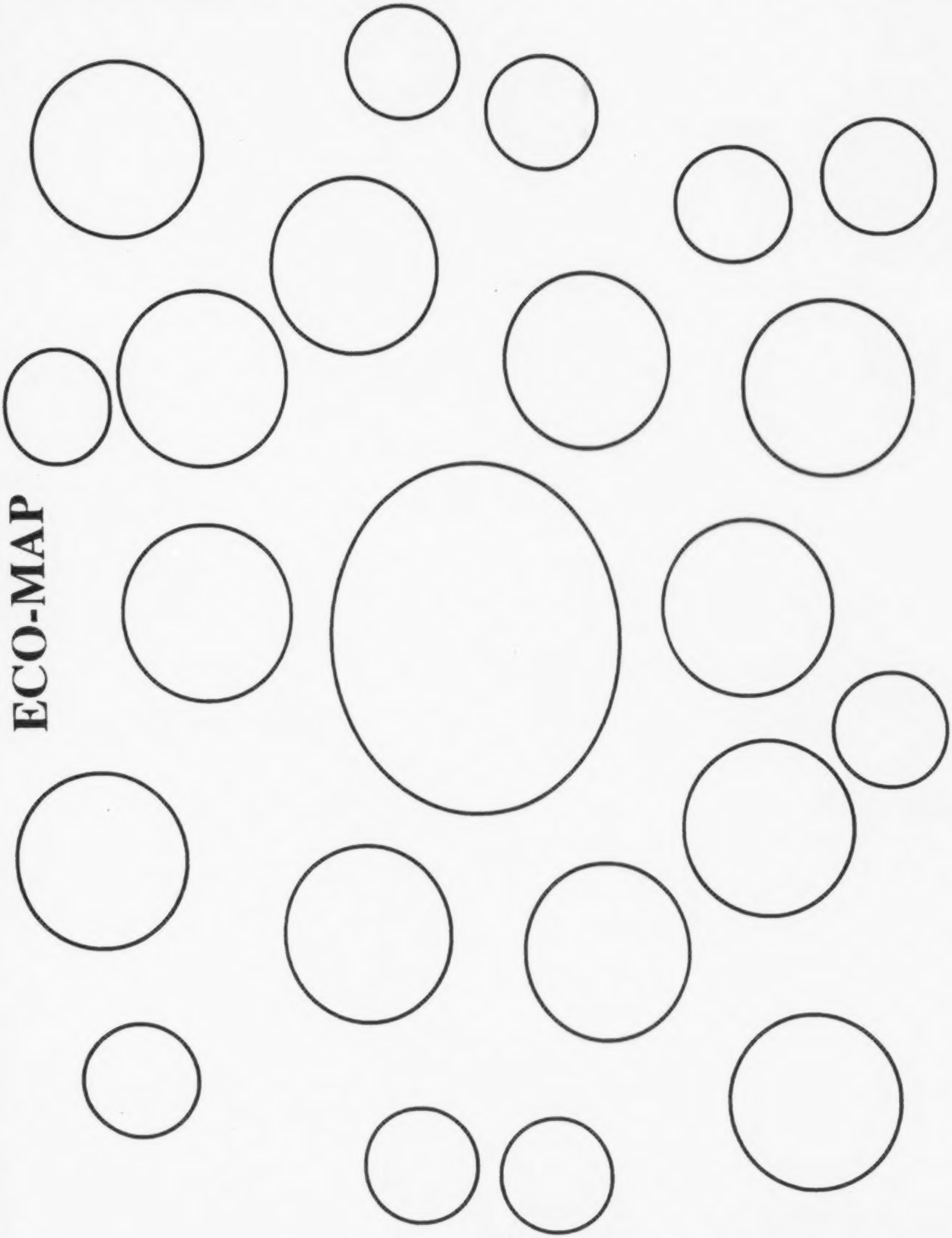
ECO-MAP



ECO-MAP



ECO-MAP



DON'T TALK BEFORE YOU THINK! Families listen closely to every thing we say. They watch facial expressions, body language and even listen to our tone of voice. Listed below is a list of don'ts and do's in non-verbal communication and verbal communication.

TRANSPARENCY #9

NONVERBAL COMMUNICATION

	DON'T		DO
1.	sit away from the family	1.	sit close to the family
2.	sit with your back to the family	2.	sit facing the family
3.	ignore family silence	3.	listen to what the family is not saying
4.	let your eyes roam during the conversation	4.	look each family member in the eyes
5.	carry your body in a way that seems unconcerned	5.	let your posture show attentiveness
6.	let your facial expressions show negativity	6.	let your facial expressions show concern and/or approval
7.	overlook/neglect others present	7.	Acknowledge all present
8.	change the home environment	8.	Ask if you can change the environment if it is interfering with your task

TRANSPARENCY #10

VERBAL COMMUNICATION

	DON'T		DO
1.	use all professional jargon ex: laws, P.L., abbreviations	1.	use words a parent can understand
2.	use words that will degrade the family. **"Watch your tone"**	2.	change your words to be positive and learn to encourage
3.	get into a power struggle with the family	3.	allow family to help make the decisions that will affect them
4.	change the language of the family	4.	accept the parents language ex: affectionate, confectionate
5a.	assume you always understand what they're trying to say	5a	acknowledge and clarify what you've heard
5b.	assume they always understand what you are trying to say	5b	clarify what you are saying
6.	expect to say something one time and the family understand	6.	repeat the important information over and over
7.	discuss barriers among professionals with parents	7.	remain neutral

Poor communication can damage the family-professional partnership.

- the family may become afraid of **all** professionals
- the family may not receive needed resources
- the child's development may not occur as rapidly as if appropriate services were provided

Activity #4

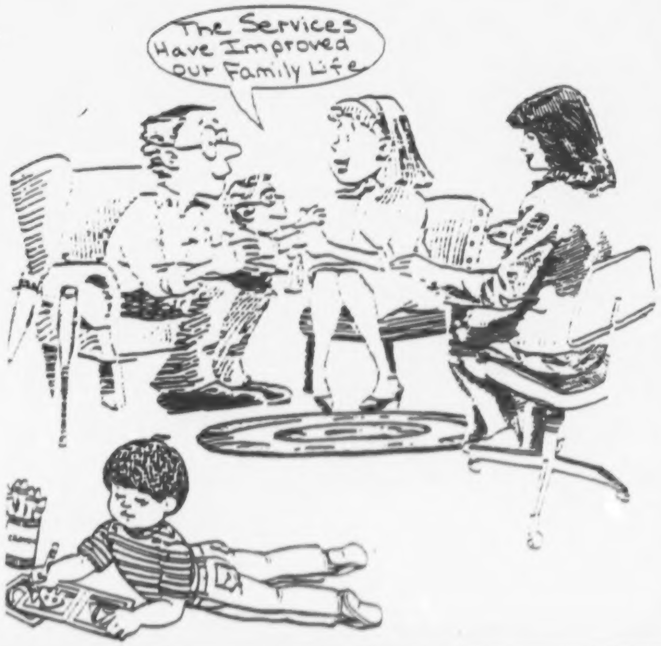
Directions: The Trainer will divide the audience into teams. All teams will be given a scenario to role play. Each team will first read the scenario and will then turn the situation into a positive one by acting it out. The group will discuss each scenario.

5.0 CONCLUSION

One of the most important things for a professional to remember is the key to family participation is being family focused. The family will respond more positively to you and the information you give them if you show concern. You may be the first professional they learn to trust and feel comfortable confiding in. Respect the family's home and surroundings. Give the family direction in the development of their family and child, as well as increasing their awareness of the available resources. Let them feel you have included them in all aspects of intervention.

TRANSPARENCY #11

TOGETHER WE CAN FIND THE RESOURCES


The Services Have Improved our Family Life

Again, it takes patience, time, respect and positive communication to start us on the road to family centeredness. It takes you to make the picture complete.

5.1 Evaluation

The Posttest (Activity #5) is on page W-18. Remove it from your workbook. The Posttest is given to determine your knowledge after the training session. You will be given 10 minutes to complete the Posttest.

ACTIVITY #5

Pre-Posttest

Name:________________________ Pre _______ Post __________

1. Define family.

2. What does family-centered mean to you?

3. What complex body of information can be designed to show the flow of resources between the family and its environment?

   a. Personal Profile
   b. Relationship Map
   c. Eco-Map
   d. Family Tree

4. Identify at least four resources that can affect the family system.

   a.
   b.
   c.
   d.

5. What is the key to building a positive family-professional partnership?

6. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

   TRUE FALSE

7. A family's silence often means they are listening and understanding.

   TRUE FALSE

8. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

   TRUE FALSE

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WORKSHOP EVALUATION SCALE[1]

Workshop Name: ____________________ Date: ____________________

Presenter: ____________________

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop snould prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were: ____________________

____

____

The weaker features were: ____________________

____

____

General Comments: ____________________

____

____

---

[1] McCallon, E. (unknown). Workshop evaluation scale. Austin, Texas: Learning Concepts.

SXX10

APPENDIX A

PRE-POST TEST ANSWERS

PRE-POST TEST ANSWERS

1. No wrong answer

2. No wrong answer

3. C

4. Any four (4) of the following or others:
   - extended family
   - friends
   - transportation
   - job
   - recreation
   - medical services
   - social services
   - related services
   - spiritual/cultural
   - school
   - day care
   - respite
   - housing

5. Communication

6. False

7. False

8. True

Integrating Communication Skills Into Functional Routines & Activities

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Appendix D3
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

INTEGRATING COMMUNICATION SKILLS INTO FUNCTIONAL ROUTINES & ACTIVITIES

Kathleen Stremel
University of Southern Mississippi

OBJECTIVES:

1. Trainee will gain knowledge of the different forms and functions of communication.

2. Trainee will gain skills in developing a communication "map" for an individual learner.

3. Trainee will gain knowledge to analyze the physical and social environment.

4. Trainee will gain skills in selecting interactive activities across domains for initial integration of communication skills.

5. Trainee will gain skills in developing a total task analysis with frequent opportunities for receptive and expressive communication skills.

6. Trainee will gain knowledge in determining individual learner needs to determine "interactor competencies."

TRAINING FORMAT:

1. Lecture with corresponding transparencies
2. Trainee handouts
3. Demonstrations
4. Video presentations
5. Trainee activity demonstrations
6. Pre-post tests

MEDIA NEEDS:

1. Overhead projector and screen
2. VCR (1/2 inch)
3. Table for demonstration

PRETEST and POSTTEST

SS#________________________________ Pre___________ Post___________

1. A student is currently communicating approximately 10 times a day by touching persons and objects to get attention and to request more. What 2 (two) expressive communication IEP objectives should be developed and programmed.
(1)________________________________
(2)________________________________

2. List 2 (two) object cues that could be used in an outdoor freeplay activity for a preschooler who is integrated into a Head Start program.
(1)________________________________
(2)________________________________

3. List 2 (two) object cues that could be used for a 16 year old, who is totally deaf-blind, for a school-work activity of loading the coke machine in the faculty lounge.
(1)________________________________
(2)________________________________

4. List the 3 (three) phases of a total task.
(1)________________________________
(2)________________________________
(3)________________________________

5. List 5 (five) interactor competencies that would be most likely to lead to an increase in receptive and expressive skills.
(1)________________________________
(2)________________________________
(3)________________________________
(4)________________________________
(5)________________________________

6. List 2 (two) skills that should be trained to peer buddies before they interact with a learner who is deaf-blind.
(1)________________________________
(2)________________________________

7. List two types of social interactions within a functional activity.
(1)________________________________
(2)________________________________

OBJECTIVE 1.0 **To Determine the Types of Communication Forms & Functions**

Transparency #1.1

Forms of Receptive and Expressive Communication

RECEPTIVE

Non-Symbolic
- Environmental
- Auditory-intonations
- Eye contact-gaze
- Facial gestures
- Objects
- Gestures
- Pictures
- Miniature objects

Symbolic
- Speech
- Signs
- Abstract symbols (Adaptive)

EXPRESSIVE

Non-Symbolic - Early
- Body movement
- Vocalizations (Adaptive)
- Eye gaze
- Touch person
- Touch object
- Manipulating person/object

Non-Symbolic - Conventional
- Extending objects
- Touching in multiple array
- Pointing
- Gesture

Adaptive
- Associated or miniature objects
- Pictures
- Tactual

Symbols
- Speech
- Manual signs
- Tactual signs
- Written
- Abstract (Bliss)

Transparency #1.2

Functions of Receptive and Expressive Communication

RECEPTIVE		EXPRESSIVE
	1. Attention person	
	2. Attention object	
	3. Protest	
	4. Request continuation	
	5. Offer choice	
	6. Provide assistance	
	7. Offer assistance	
	8. Provide information	
	9. Request choice	
	10. Request assistance	
	11. Social	
	12. Repeat	
	13. Answer	
	14. Question	
	15. Reply	
	16. Comment - focus	
	17. Comment - feedback	

OBJECTIVE 2.0 To Develop a "Communication Map" for an Individual Student

2.1 Determine an individual learner's current forms of receptive communication.

2.2 Determine an individual learner's year objectives in the area of receptive communication.

2.3 Determine an individual learner's potential future objectives in the area of receptive communication.

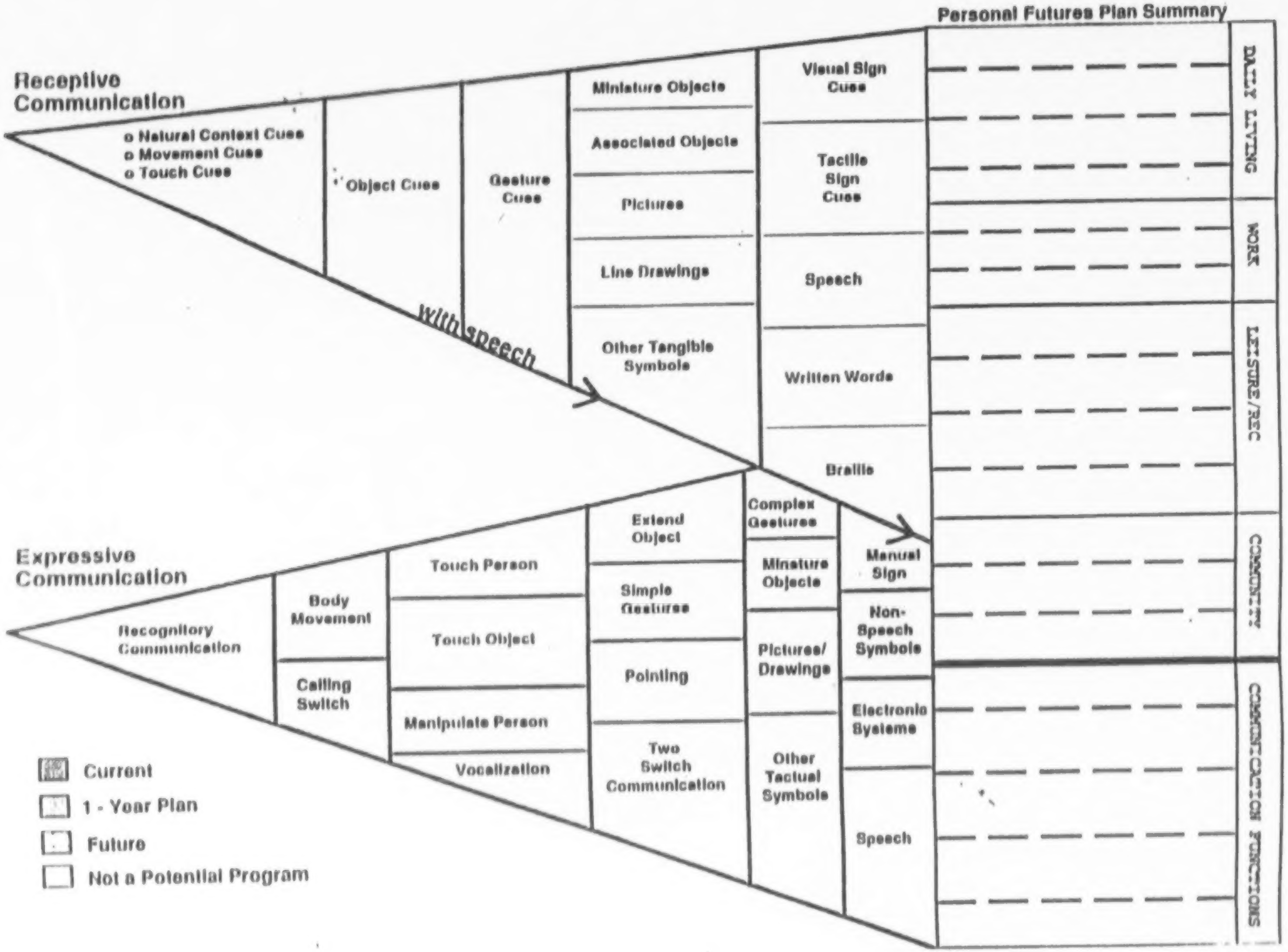
2.4 Determine an individual learner's current forms of expressive communication.

2.5 Determine an individual learner's year objectives in the area of expressive communication.

2.6 Determine an individual learner's potential future forms of expressive communication.

2.7 List the current communication functions.

Communication Map



Receptive Communication

- o Natural Context Cues
- o Movement Cues
- o Touch Cues
- Object Cues
- Gesture Cues
- Miniature Objects
- Associated Objects
- Pictures
- Line Drawings
- Other Tangible Symbols
- Visual Sign Cues
- Tactile Sign Cues
- Speech
- Written Words
- Braille

with speech

Expressive Communication

- Recognitory Communication
- Body Movement
- Calling Switch
- Touch Person
- Touch Object
- Manipulate Person
- Vocalization
- Extend Object
- Simple Gestures
- Pointing
- Two Switch Communication
- Complex Gestures
- Miniature Objects
- Pictures/ Drawings
- Other Tactual Symbols
- Manual Sign
- Non-Speech Symbols
- Electronic Systems
- Speech

Personal Futures Plan Summary

- DAILY LIVING
- WORK
- LEISURE/REC
- COMMUNITY
- COMMUNICATION FUNCTIONS

▨ Current
☐ 1 - Year Plan
☐ Future
☐ Not a Potential Program

Transparency #2.0

OBJECTIVE 3: **To Analyze the Learner's Physical and Social Environments**

3.1 Determine types of physical environments in which the family wishes the learner to be involved.

Transparency #3.1

Types of Physical Environments

Types of Physical Environments	Yes	No
Home	___	___
Neighborhood	___	___
Grandparent's home	___	___
Extended family's home	___	___
Neighbor's home	___	___
Friend's home	___	___
Family friend's home	___	___
Classroom	___	___
School cafeteria	___	___
Hallways	___	___
Regular classrooms	___	___
School bathrooms	___	___
Study hall	___	___
Gym	___	___
Regular classrooms	___	___
School bathrooms	___	___
Study hall	___	___
Gym	___	___
Church	___	___
Family leisure activities (where)	___	___
Day care center	___	___
Respite	___	___
Grocery store	___	___
Retail stores	___	___
Mall	___	___
Work setting	___	___
Transportation	___	___
Other________________	___	___
________________	___	___
________________	___	___

3.2 Determine features of specific environments in which functional activities or routines occur.

Transparency #3.2

Features of Functional Routines & Activities

____ Are there age-appropriate materials and activities?

____ Are the environments engaging?

____ Are the environments and interactions within these environments predictable?

____ Are the environments organized?
- For receptive communication needs
- For expressive communication needs
- For orientation & mobility

____ Which activities are motivational for the learner?

____

____

____

3.3 Analyze the Social Environment

Transparency #3.3

Considerations of the Social Environment

1. The roles and relationships of other persons,
2. The type and purpose of the interactions, and
3. The quality of the social interactions.

Transparency #3.3.1

Defining Social Relationships

Consider the sequence below in basically defining a 12-year-old learner's relationships with persons in his environments.

Immediate family
Grandparents
Yourself
Other students in the class
Other team members
Typical peers in the school
Neighborhood children
Persons in the child's church
Other teachers within the school
The clerk at Walmart who knows the child's name
The clerk at McDonald's who sees the child once a week

Most time spent in different activities

Least time spent in a few activities

3.3.2 Types of Social Interactions

Transparency #3.3.2

Types of Social Interactions

1. Task-oriented with repetitive interactions (throwing a ball back and forth),

2. Task-oriented with different skills and interactions (fixing a meal together),

3. Interpersonal with repetitive interactions (mother rocks the child and stops, child moves, mother repeats this sequence a number of times; or child vocalizes, dad imitates the child and waits, the child and dad repeat this pattern over and over, and

4. Interpersonal with multiple purposes (peer waves "Hi" and child responds; learner signs, "I go to shore/coast Saturday"; teacher questions, "Did you swim? Go on boat?"; learner replies and questions, "I fish. What you do?"; and the teacher answers).

3.3.3 General Purposes of the Interaction

Transparency #3.3.3

General Purposes of an Interaction

(1) to obtain assistance, information, or feedback;

(2) to provide (offer) assistance, information, or feedback;

(3) to request assistance, information, or feedback.

Certo and Kohl (1984)

3.4 Quality of Interactions

Transparency #3.4

Quality of Social Interactions

Quality of Social Interactions

We cannot use all of the same indicators to judge the quality of an interaction that you and I might have as we would judge an interaction between ourselves and the learner with dual sensory impairments. For example, if the learner is totally blind, we may not expect the learner to display visual regard or smiling. However, there still may be a clear orientation to us as we interact (such as, the learner leaning in closer to us or touching us).

LEVELS OF FAMILY INVOLVEMENT

														Dates:
Primary caregiver is sometimes not at home for scheduled appointment														
Primary caregiver is not in the room in which intervention is being conducted														
Primary caregiver is in the room but not attending to direct intervention														
Primary caregiver asks questions and/or makes comments directly related to direct intervention														
Primary caregiver prefers to conduct only "toy play" activities														
Primary caregiver conducts only "physical therapy" activities														
Primary caregiver conducts at least one routine (beginning, middle and end)														
Primary caregiver is able to demonstrate at least 50% of the interactional competencies														
Primary caregiver is able to demonstrate at least 75% of the interactional competencies														
Primary caregiver is able to demonstrate at least 90% of the interactional competencies														
Primary caregiver is able to generalize 80% of the competencies to a new routine or activity														

*Chart will be reviewed monthly

OBJECTIVE 4.0 To Determine Interactive Activities Across Domains

4.1 Select skills across activities and activities across domains.

Transparency #4.1

Skills Across Domains and Activities

Domains	Activities	Skills
Daily Life	Eating	. finger feeding . use of spoon . scooping . use of napkin . getting . putting away
	Toileting	
	Dressing	
	Undressing	
	Toothbrusing	
Community		
Recreational/Leisure		
Vocational/Work		

4.2 Determine a process of activity selection

Transparency #4.2

Process of Activity Selection

1. Conduct an inventory with the family to assist them to make decisions for the selection of activities,

2. Conduct an inventory or assessing the types of employment and/or recreational activities are available in the learner's community,

3. Select an array of those activities (with family input) for training with specific procedures used to determine learner preferences and skills. For example, if an older learner has participated in five job training activities in a year, we may collect data on inappropriate behaviors, social interactions, and production rate to determine future job training or placement in the transition process.

Transparency #4.2.1

ECOLOGICAL ANALYSIS

STUDENT:________________________ ACTIVITY:________________________

ECOLOGICAL INVENTORY Steps from the Activity Plan Form	DISCREPANCY ANALYSIS What the student actually does	DECISION Use the choices listed below in writing each skill to be taught
BEFORE 1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
DURING 1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
AFTER 1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.

CHOICES:
1) Teach - The same say any person would
2) Adaptations Needed - task, environment, materials
3) Support Needed - Natural (paid person, peer) staff (special education, regular education)

*** The skills listed in the decision column will be written on the skills analysis sheet for recording of data

OBJECTIVE 5.0: To Develop a Total Task

5.1 Maintaining and generalizing the learner's current communication system.

A. Analyzing the activity into three phases:
   1. Preparation
   2. Participation
   3. Termination/Closure

B. Teaching the functional skills within the activity-teaching role using appropriate receptive and expressive communication (mandatory)

C. Assessing generalization across other service providers

D. Increasing the frequency of opportunities to communicate.

Transparency #5.1

Phases of An Activity

Preparation......the beginning

Participation....the middle

Termination......the end!!!

5.2 Enhancing & expanding the learner's communication forms, functions, content across different social partners and activities/settings.

A. Cooperating in the activity...changing roles from director to partner.
   1. Using old forms to teach new forms
   2. Using new expressive forms from old receptive forms
   3. Increasing the level of participation in the activity
   4. Increasing the frequency of topic related turn taking

B. Introducing others into the activity more directly...a three-way communication interaction...role of interpreter
   1. Using other peers with disabilities in cooperative task completion
   2. Using peers without typical disabilities in cooperative task completion
   3. Using coaching procedures to facilitate effective communication exchanges

C. Fading from the peer-learner interaction...role of facilitator
   1. Providing positive consequences without interference
   2. Expanding the content

Transparency #5.2

LEARNER CHARACTERISTICS

LEARNER CHARACTERISTICS

AGE:
COMMUNICATION: Level
COGNITIVE: Level
MOTOR: Level
VISION: Level
HEARING: Level

RECEPTIVE COMMUNICATION OBJECTIVES	EXPRESSIVE COMMUNICATION OBJECTIVES
o	o
o	o
	o
o	o
o	o
o	o

DOMAIN: ACTIVITY:

PREPARATION	PARTICIPATION	TERMINATION
o	o	o
		o
o	o	
	o	o
o		
	o	
o		o
o	o	o
o	o	
o	o	o
	o	
o		o
	o	o
o	o	o
o	o	o
	o	o
o	o	o

Transparency #5.2.1

LEARNER CHARACTERISTICS

LEARNER CHARACTERISTICS

AGE: Elementary
COMMUNICATION: Level II
COGNITIVE: Level II
MOTOR: Level II
VISION: Level II
HEARING: Level I

RECEPTIVE COMMUNICATION OBJECTIVES (CAREGIVER)	EXPRESSIVE COMMUNICATION OBJECTIVES (CHILD)
o To use touch cues to prepare the child for activity	o To touch object to request continuation of an activity
o To use object cues to facilitate child's understanding	o
o To interpret communication signals	o
o	o
o	o

DOMAIN: DAILY LIVING **ACTIVITY:** WASHING HAIR

PREPARATION	PARTICIPATION	TERMINATION
o Provide touch cue for "water".	o Help child feel dry hair.	o Provide touch cue for "finished"
o Place child's hand in water.	o Help child feel wet hair.	o Provide touch cue for "up" before picking child up.
o Allow child to hold, touch or smell shampoo.	o Help child feel hair with lather.	o Use hair dryer to dry hair.
o	o Help child feel hair after rinsing.	o When child's hair is almost dry, stop activity.
o	o	o Give cue for "want more". Wait for the child to touch the dryer.
o	o	o If child does not respond within 5 to 6 seconds, touch the dryer to child's hand.
o	o	o
o	o	o
o	o	o
o	o	o
o		

SOCIAL ROLES.........SOCIAL PARTNERS

	Role of Teacher	**Role of Partner**	**Role of Interpreter**	**Role of Facilitator**
	Teaching the task until learner can carry out the task without prompts	Changing the task to a cooperative task	Introducing peer to 3-way communication exchange	Fading out of the exchange for a peer-learner exchange
Activity #1 T_1 (Making a Sandwich)	• High use of receptive communication	• Different use of receptive communication	• Model higher forms/functions of receptive communication	• Provide non-intrusive feedback
	• Minimal use of learner's expressive system	• Expansion of activity • Functions change • Maximal use of expressive	• Differences in activity • Functions to peer • Maximal use of expressive	• Provide re-direction
	• High predictability of sequence	• Lower predictability of sequence	• Low predictability of sequence	• Little predictability of sequence
		(Peer with milder disability)		
Activity #2 T_2(SLP) (Fast food Restaurant)	"	"	"	"
		(Peer without a disability)		

Transparency #5.3

OBJECTIVE 6.0 Demonstrate Interactional Competencies

Transparency #6.0

Interactional Competencies

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Name:________________	Routine: Date: Frequency	Rating	Routine: Date: Frequency	Rating
Get the learner's attention (through touch, gestures, or verbal cues)				
Wait for a response of notice from the learner				
Identify yourself (through auditory, smell, visual, and/or tactile-object cues)				
Prepare the learner for the specific activity (individualized for each learner)				
Announce what is about to happen (specific to the learner)				
Provide correct positioning, handling, or orientation/mobility techniques				
Place the materials used within the activity in the best location according to the learner's visual and motor skills				
Communicate to the learner prior to acting on him or making any changes in the activity				
Be responsive to any behaviors that the learner may exhibit that may communicate his notice, dislikes, preferences, or choices				
Provide multiple opportunities for the learner to communicate				
Use special adaptations if necessary to facilitate active participation in the activity				
Allow the learner to partially participate in the activity...this does not mean that the learner is just exposed to the activity				
Provide consistent prompts and cues				
Wait for responses from the learner				
Provide appropriate feedback				
Encourage the interactions of the learner and others (such as siblings, peers, other staff)				
Announce the termination of the activity (in fact, the learner can assist in the termination activities)				
	% Score Reliability	______ ______	% Score Reliability	______ ______
Individualized Objectives				

Transparency #6.1

Sample Routine

SAMPLE OF UNDRESSING, BATHING, AND DRESSING ROUTINE

Child: Severe motor delay
Severe vision impairment, possibly only light perception
Seizures and medical problems
18 months of age

PREPARATION

● Decrease the child's tone by flexing arms and legs in an interactive game with auditory input
○ Announce that bathtime is about to take place by giving the child the washcloth - Child grasps washcloth for 5 seconds
○ Announce that the child will get undressed and provide a touch cue
● Child assists in holding up arms while pajama arms are removed
○ Mother plays "peek-a-boo" and child assists in removing pajama top
● Child is positioned to work on sitting erect, propping, and for active head control
● Mother assists child to cross midline in rubbing body parts
● Child assists in removing socks and grasps socks for 3-5 seconds
○ Mother assists child to "give socks" (not current objective)
○ Mother provides touch and object cue for bathtime and child grasps and maintains grasp while in transition
● Mother carries the child in the correct position

PARTICIPATION

● Mother positions child in sink with legs crossed and hips back
● Mother positions herself so that the child works on active head support
○ Mother lets the child feel each object that is used
○ Mother assists child to participate in some washing - Child continues movement
● Mother extends the child's arms up for physical movements (slow and hold)
● Mother tickles the child's chest if head goes back
○ Mother announces that it is time to wash hair
● Mother picks child up correctly and places child with hips down to get as little head extension as possible
○ Mother provides opportunities for the child to touch her or vocalize for "more head washing"
○ Mother announces "all done" and provides cue for up - Child lifts hands (Later, toy play can be incorporated in the routine when the child is demonstrating more active motor control)

TERMINATION

● Mother dries child's hair - Child holds head erect and maintains upright body position - Child props on one arm
○ Mother provides opportunity for child to request "more" - Child touches or vocalizes for more
○ Mother names the clothing item being put on and lets child grasp object for 3-5 seconds
○ Mother cues "give me" - later - Child releases
● Mother uses motor exercises to extend arms up
● Child participates in final movements of putting clothes on
○ Mother positions child in sit-to-kneel, sit-to-stand, and kneel-to-sit positions during dressing
● Mother assists child to reach across midline for motor activities
○ Mother announces termination of the activity

PRETEST and POSTTEST

SS#______________________ Pre__________ Post__________

1. A student is currently communicating approximately 10 times a day by touching persons and objects to get attention and to request more. What 2 (two) expressive communication IEP objectives should be developed and programmed.
(1)______________________
(2)______________________

2. List 2 (two) object cues that could be used in an outdoor freeplay activity for a preschooler who is integrated into a Head Start program.
(1)______________________
(2)______________________

3. List 2 (two) object cues that could be used for a 16 year old, who is totally deaf-blind, for a school-work activity of loading the coke machine in the faculty lounge.
(1)______________________
(2)______________________

4. List the 3 (three) phases of a total task.
(1)______________________
(2)______________________
(3)______________________

5. List 5 (five) interactor competencies that would be most likely to lead to an increase in receptive and expressive skills.
(1)______________________
(2)______________________
(3)______________________
(4)______________________
(5)______________________

6. List 2 (two) skills that should be trained to peer buddies before they interact with a learner who is deaf-blind.
(1)______________________
(2)______________________

7. List two types of social interactions within a functional activity.
(1)______________________
(2)______________________

WORKSHOP EVALUATION SCALE[1]

Workshop Name: ______________________ Date: ______________________

Presenter: ______________________

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop should prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were: ______________________

____

____

The weaker features were: ______________________

____

____

General Comments: ______________________

____

____

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[1] McCallon, E. (unknown). Workshop evaluation scale. Austin, Texas: Learning Concepts.

Providing Services for Learners with Severe Disabilities: A Workbook for Developing Communication

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Appendix D4
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

OVERVIEW

Communication

Competencies: Each trainee will demonstrate knowledge, skills and implementation of receptive/expressive communication placement, program planning, and IEP development that result in each learner having multiple opportunities (20+) to communicate across at least three functional, routine activities.

Objectives: Each trainee will:

1. Demonstrate knowledge of the different forms and functions of (a) receptive communication and (b) expressive communication through demonstrations and written activities.
2. Demonstrate skills in assessing the learner's current level of receptive and expressive communication skills (1 learner during training).
3. Demonstrate skills in determining the content of communication skills across domains and activities for teaching.
4. Demonstrate skills to complete a communication map.

TOPIC	FORMAT	MATERIALS
1.0 Introduction	Lecture Pretest	VCR Overhead Microswitches
2.0 Identifying the Critical Variables	Lecture Demonstration	Objects (see materials list Appendix A)
3.0 Determining Receptive Communication Objectives	Lectures Activities	
4.0 Determining Expressive Communication Objectives	Lecture Student Demonstration	
5.0 Determining Content & Strategies for Teaching	Lecture Activity Plans	
6.0 Evaluation	Posttest McCallon	

1.0 PRETEST

ACTIVITY #1: Pretest - Turn to the Activity Packet for the Pretest

The pretest (Activity #1) Can be found in the Activity Packet. The pretest is given to determine your knowledge prior to the training session. A posttest will be given to you at the end of the session. You will be given 10 minutes to complete the pretest.

2.0 IDENTIFYING THE CRITICAL VARIABLES OF COMMUNICATION

2.1 The Difference Between Communication, Language, and Speech: Understanding the process of when to teach what

TRANSPARENCY #2

SPEECH	A COMPLEX FINE MOTOR BEHAVIOR DEPENDING ON: 1. Adequate Air Flow from the lungs 2. Coordinated movements of the vocal cords 3. Coordination of the oral-motor movement of the tongue and lips within the oral cavity
LANGUAGE	A SYSTEM OF CULTURALLY DETERMINED SYMBOLS AND RULES FOR ORDERING THE SYMBOLS
COMMUNICATION	AN INTERACTION BETWEEN TWO OR MORE PERSONS INVOLVING: 1. A message 2. An intention on the part of the sender to "impact" the receiver 3. Non-symbolic or symbolic forms may be used.

Speech:

Speech is a complex motor behavior. The learner must have adequate breath control and fine motor skills in order to have intelligible speech.

Three functions are necessary for this to occur:

- First - Adequate and controlled breathing is necessary to get the air stream to the vocal cords,
- Second - Coordinated vocal cord functioning is necessary for the air stream to reach the oral cavity with a pressure adequate for speech,
- Third - Smooth, rapid and coordinated movement of the muscles are necessary to function so that the tongue moves in many ways and can make sufficient contact with the articulators of the mouth (lips, teeth, throat, velar ridges) in order to produce vowels and consonant sounds and assimilate sounds into words.

Language:

Language is a system of culturally determined symbols that represent objects, actions, locations, concepts and expressions. In order to have a language system, the person also needs to use rules for ordering the symbols into meaningful units that can be understood by others who share their language system. The following are examples of how language systems may have different orders:

- English - get the big ball
- American Sign Language - get ball big
- Japanese - big ball get

In order to use language the learner must understand that a specific symbol refers or "stands for" a specific object, action, location, concept or emotion. Learners with severe handicaps may not understand this relationship. Language may be transmitted through speech, manual signs, written words, or abstract symbols.

Communication:

Communication is an exchange of a message or information between at least two people. Communication may be conveyed through either non-symbolic or symbolic behaviors. There must be an intent on the part of the "communicator" to impact the "receiver" in some way.

2.2 The Differences Between Receptive & Expressive Communication: Understanding and Transmitting Messages in a Reciprocal Exchange

Communication systems require consistent interaction and feedback from the participants. It is important to remember that each participant communicates both receptively and expressively during an exchange.

Receptive Communication:

Receptive communication is an "input" system in which the learner understands or comprehends the message or intent of the person who is addressing them. A message may be transmitted through facial gestures, hand gestures, speech, manual signs, symbols, or a written word. Receptive communication may, therefore, be either non-symbolic or symbolic. Often, only verbal language is taught to learners with severe handicaps in forms of directives without the learner understanding the auditory form of speech and language.

- Examples of "input" forms

  You say to the learner:
    "Come here"
    "Stop"
    Gesture "No"

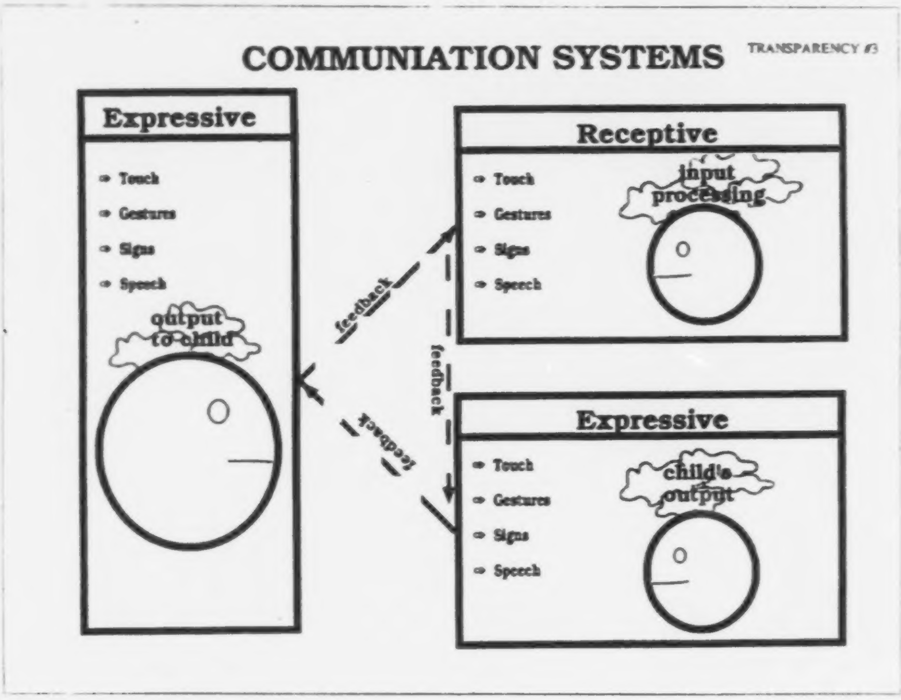
Expressive Communication:

Expressive communication is an "output" system in which the learner transmits a message to someone in order to get them to act, feel, inhibit an action, to change their opinion, or to influence the way that person thinks.

- Examples of "output" forms

  The learner communicates to you:
    Gesture "No"
    "Want cookie"
    point
    Signs "More"
    "Taps" teacher for attention

During an interaction, the adult or child expresses, or sends, a message that the learner must first receive (learner's receptive mode). The exchange then becomes an expressive mode for the learner as he sends a message back to the adult or child.


COMMUNIATION SYSTEMS
TRANSPARENCY #3
Expressive
Touch
Gestures
Signs
Speech
output to child
feedback
feedback
feedback
Receptive
Touch
Gestures
Signs
Speech
input processing
Expressive
Touch
Gestures
Signs
Speech
child's output

2.3 Understanding What is Involved in the Development of Any Communication Program

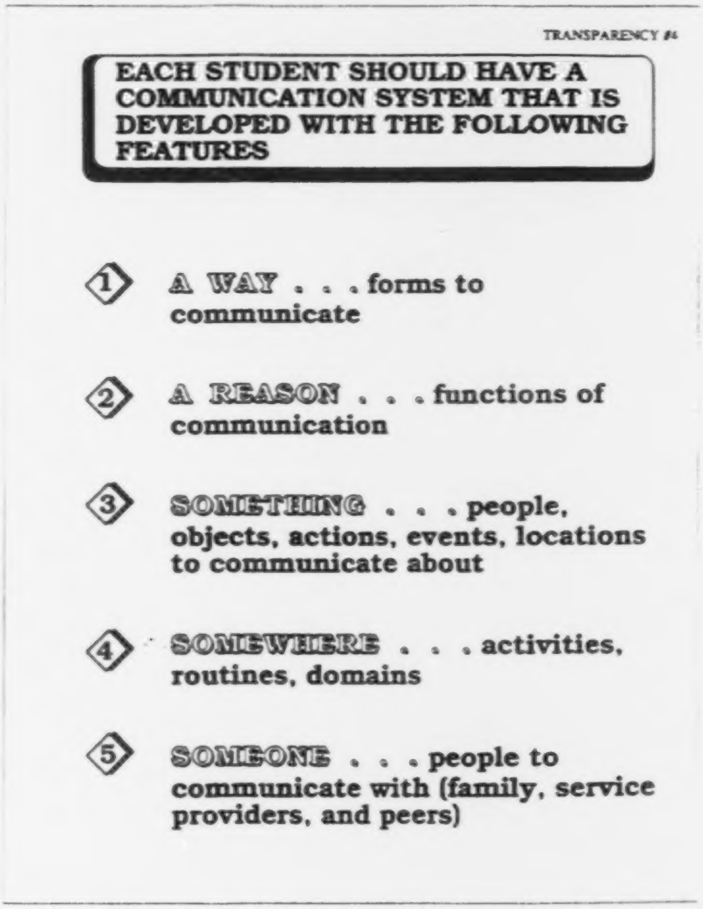
- Form - First, a learner needs a "way to communicate." A specific form or behavior is used, intentionally, to transmit a message.

- Function - Second, a learner needs a "reason or intent to communicate." Each time we communicate, we have a reason or a purpose for delivering our message.

- Content - Third, a learner needs "something to communicate about." The content of a message will include the specific objects, actions, events, and locations that are part of ongoing environmental activities.

- Situating - Fourth, a learner needs to be a part of many different activities. If learners with severe handicaps are not involved in functional, routine activities, there may be very little to communicate about.

- Partners - Fifth, for communication to take place, there must be at least one other person. Hopefully, the learner will have many communication partners and not just his immediate family and teacher.



TRANSPARENCY #4

EACH STUDENT SHOULD HAVE A COMMUNICATION SYSTEM THAT IS DEVELOPED WITH THE FOLLOWING FEATURES

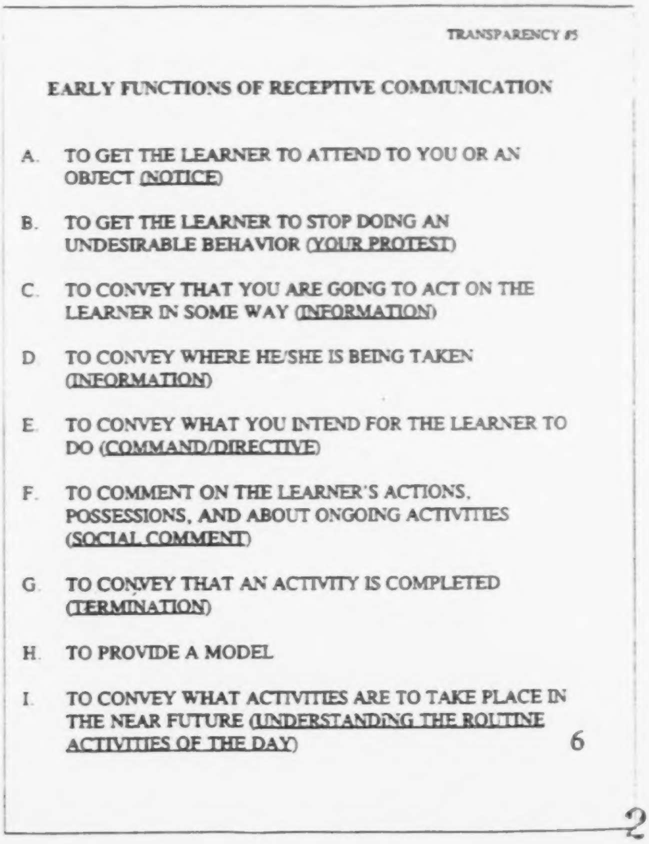
1. **A WAY . . . forms to communicate**
2. **A REASON . . . functions of communication**
3. **SOMETHING . . . people, objects, actions, events, locations to communicate about**
4. **SOMEWHERE . . . activities, routines, domains**
5. **SOMEONE . . . people to communicate with (family, service providers, and peers)**

3.0 DETERMINING RECEPTIVE COMMUNICATION OBJECTIVES

3.1 Early Functions of Receptive Communication

The learner's understanding of your message or what you intend for him to do is critical for teaching any skill. However, the learner must be able to respond to more than just directives. There are other functions, or reasons, for the learner to respond to you. A number of the functions are listed below:

- To get the learner to imitate you
- To get the learner to stop doing an undesirable behavior (inhibit)
- To convey that you are going to act on the learner in some way (information)
- To convey that he/she is being taken somewhere (information)
- To convey what you intend for the learner to do (directive)
- To convey that an activity is completed (termination)
- To convey what activities are to take place in the near future (understanding the routine activities of the day)



TRANSPARENCY #5

EARLY FUNCTIONS OF RECEPTIVE COMMUNICATION

A. TO GET THE LEARNER TO ATTEND TO YOU OR AN OBJECT (NOTICE)

B. TO GET THE LEARNER TO STOP DOING AN UNDESIRABLE BEHAVIOR (YOUR PROTEST)

C. TO CONVEY THAT YOU ARE GOING TO ACT ON THE LEARNER IN SOME WAY (INFORMATION)

D. TO CONVEY WHERE HE/SHE IS BEING TAKEN (INFORMATION)

E. TO CONVEY WHAT YOU INTEND FOR THE LEARNER TO DO (COMMAND/DIRECTIVE)

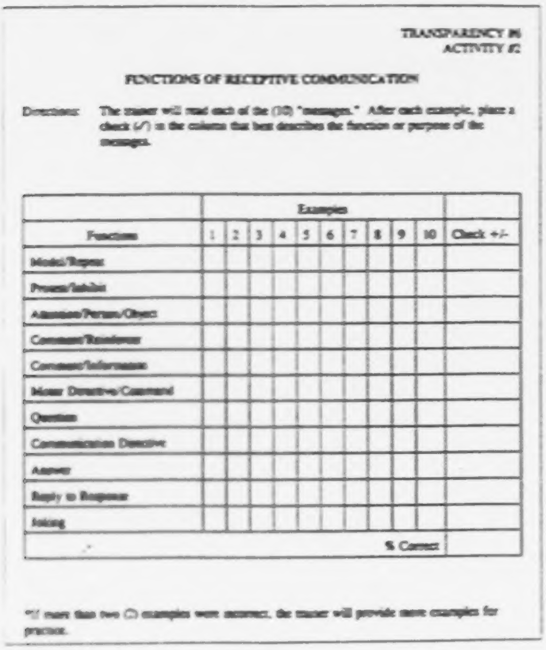
F. TO COMMENT ON THE LEARNER'S ACTIONS, POSSESSIONS, AND ABOUT ONGOING ACTIVITIES (SOCIAL COMMENT)

G. TO CONVEY THAT AN ACTIVITY IS COMPLETED (TERMINATION)

H. TO PROVIDE A MODEL

I. TO CONVEY WHAT ACTIVITIES ARE TO TAKE PLACE IN THE NEAR FUTURE (UNDERSTANDING THE ROUTINE ACTIVITIES OF THE DAY)

6



TRANSPARENCY #6
ACTIVITY #2

FUNCTIONS OF RECEPTIVE COMMUNICATION

Directions: The trainer will read each of the (10) "messages." After each example, place a check (✓) in the column that best describes the function or purpose of the messages.

	Examples										
Functions	1	2	3	4	5	6	7	8	9	10	Check +/-
Model/Repeat											
Prevent/Inhibit											
Attention/Person/Object											
Comment/Reinforcer											
Comment/Information											
Motor Directive/Command											
Question											
Communication Directive											
Answer											
Reply to Response											
Joking											
										% Correct	

*If more than two (2) examples were incorrect, the trainer will provide more examples for practice.

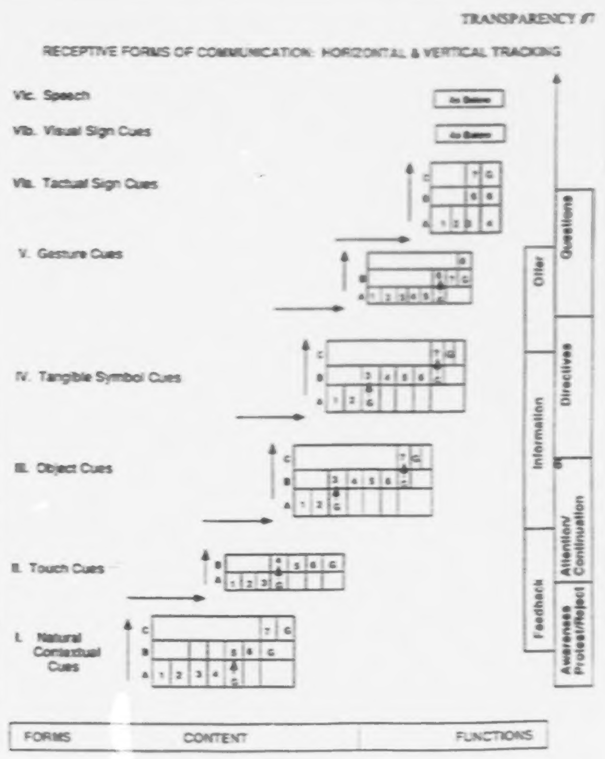
Activity #2: Functions of Receptive Communications - Turn to the Activity Packet for Activity #2

3.2 Forms of Receptive Communication

Many learners with severe handicaps may have a limited understanding of speech. Whereas they may hear, there may be some auditory discrimination problems. Persons respond to many cues or signals in the environment. The following modes and examples of forms of receptive communication are some ways that messages can be expressed without extensive use of full physical assistance:

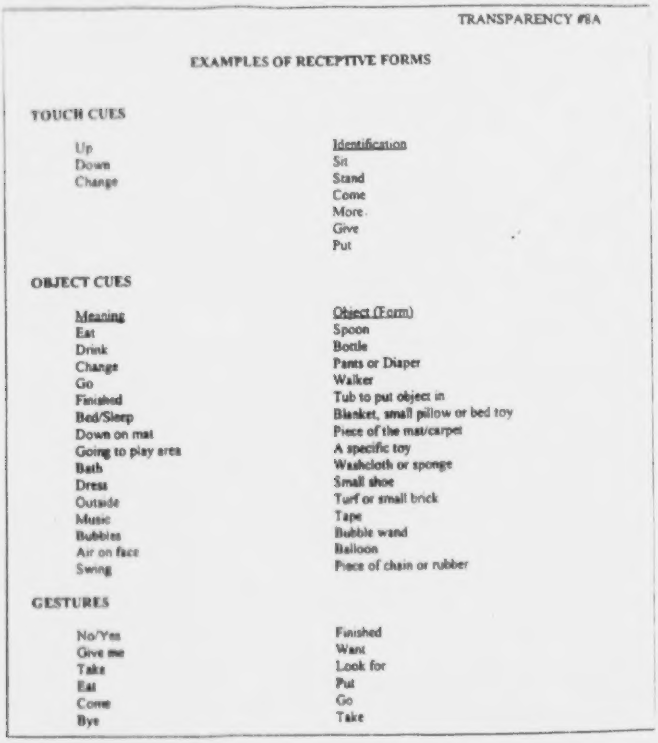
Natural Contextual Cues

- Non-speech signals, such as the fire alarm, a door closing
- Visual cues, such as handing the learner his coat
- Tactile cues, such as the spoon touching his lips, or the belt being unfastened before the learner is removed from his wheelchair
- The chain of events that occur in routine activities


TRANSPARENCY #7
RECEPTIVE FORMS OF COMMUNICATION: HORIZONTAL & VERTICAL TRACKING
VIc. Speech
VIb. Visual Sign Cues
VIa. Tactual Sign Cues
V. Gesture Cues
IV. Tangible Symbol Cues
III. Object Cues
II. Touch Cues
I. Natural Contextual Cues
A
B
C
Offer
Questions
Information
Directives
Feedback
Attention/ Continuation
Awareness Protest/Reject
FORMS
CONTENT
FUNCTIONS

Touch cues

- Touch cues are minimal physical prompt cues that are given to provide specific information to the learner (sit down, give it to me).
- It is important that each person interacting with the learner is consistent in the way the touch cues are delivered so they begin to be meaningful to the learner.
- The following tactile or touch cues are provided as examples of different forms the cues may take to convey different meanings to the learner. Initially, only three or four cues may be used. When the learner responds to those cues, more may be added.



TRANSPARENCY #8A

EXAMPLES OF RECEPTIVE FORMS

TOUCH CUES

Up
Down
Change

Identification
Sit
Stand
Come
More
Give
Put

OBJECT CUES

Meaning	Object (Form)
Eat	Spoon
Drink	Bottle
Change	Pants or Diaper
Go	Walker
Finished	Tub to put object in
Bed/Sleep	Blanket, small pillow or bed toy
Down on mat	Piece of the mat/carpet
Going to play area	A specific toy
Bath	Washcloth or sponge
Dress	Small shoe
Outside	Turf or small brick
Music	Tape
Bubbles	Bubble wand
Air on face	Balloon
Swing	Piece of chain or rubber

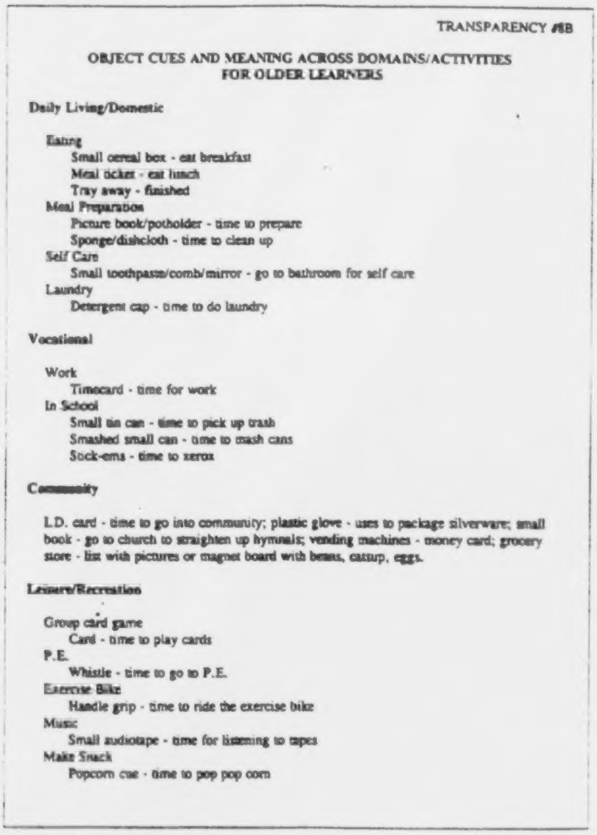
GESTURES

No/Yes
Give me
Take
Eat
Come
Bye
Finished
Want
Look for
Put
Go
Take

Object Cues

- Object cues have the advantage of being stationary and tangible, whereas speech or sign cues are not,
- Object cues are especially useful when time will lapse between the time the "message" is given (go to the gym) and the time it takes the learner to complete the behavior since memory spans for learners with severe handicaps may be quite short.
- Initially, real objects that are part of routine activities will be used as cues. Later, objects that represent an activity may be used.

- The following object cues are presented as examples that may be used:



TRANSPARENCY #8B

OBJECT CUES AND MEANING ACROSS DOMAINS/ACTIVITIES FOR OLDER LEARNERS

Daily Living/Domestic

Eating
    Small cereal box - eat breakfast
    Meal ticket - eat lunch
    Tray away - finished
Meal Preparation
    Picture book/potholder - time to prepare
    Sponge/dishcloth - time to clean up
Self Care
    Small toothpaste/comb/mirror - go to bathroom for self care
Laundry
    Detergent cap - time to do laundry

Vocational

Work
    Timecard - time for work
In School
    Small tin can - time to pick up trash
    Smashed small can - time to mash cans
    Stick-ems - time to xerox

Community

I.D. card - time to go into community; plastic glove - uses to package silverware; small book - go to church to straighten up hymnals; vending machines - money card; grocery store - list with pictures or magnet board with beans, catsup, eggs.

Leisure/Recreation

Group card game
    Card - time to play cards
P.E.
    Whistle - time to go to P.E.
Exercise Bike
    Handle grip - time to ride the exercise bike
Music
    Small audiotape - time for listening to tapes
Make Snack
    Popcorn cue - time to pop pop corn

Tangible Symbol Cues

- As the learner becomes more capable of understanding abstract concepts, tangible symbol cues can be introduced.

- It is important to take into consideration the learner's visual and cognitive capabilities when deciding the types of tangible symbol cues to utilize.

- The following are types of cues:
    Pictures
    Association objects
    Picsyms
    Thermoform symbols

Gesture Cues

- Often, gesture cues may be more meaningful to a learner than words. Gesture cues should initially be presented in the context of a functional activity.

- It is important that each person interacting with the learner provides the gesture cues in the same way so they can become meaningful to the learner.

- The following are examples of gesture cues that may be used:

  a. Sit down
  b. Stand up
  c. Come here
  d. Give it to me
  e. Take this
  f. Look here
  g. Go outside
  h. Finished
  i. Pick it up
  j. Put it in
  k. Stir it
  l. Blow your nose
  m. Wipe your mouth
  n. Come with me
  o. Which do you want?
  p. What?

Sign Cues

- Initially, sign cues may be an extension of the gesture cue system with those signs that represent the activity or the action being used first.

- Even though the learner may not learn to use signs expressively, the signs may add to his/her understanding of speech.

- The following are examples of some of the early signs that may be used:

  a. What do you want?
  b. Throw it away
  c. Want more?
  d. No!
  e. Finished!
  f. Go
  g. Turn it
  h. Wash/wipe off
  i. Take it off
  j. Eat
  k. Drink
  l. Get
  m. Signs that represent objects (book, cup, kleenex) may be introduced
  n. Signs that are important for regular activities (work, make, stop that, help) may be introduced gradually

Tactual Sign Cues

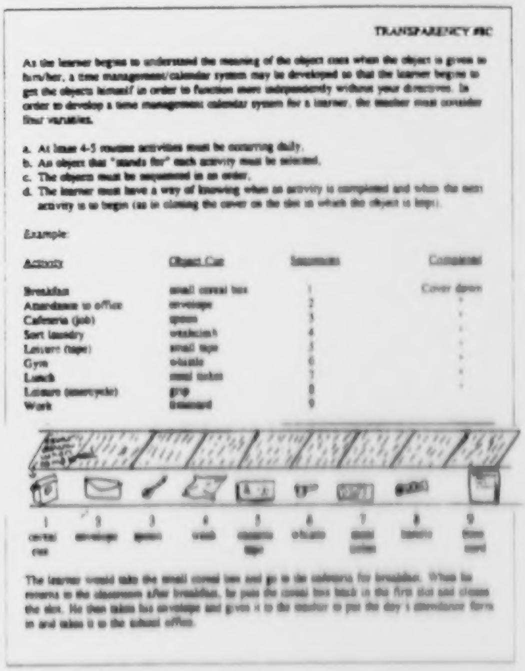
- Learners who are totally blind and hearing impaired and have the cognition to understand sign cues, will need tactile sign cues. This is the use of sign language with the learner's hands placed on top of the person's hands communicating with him.

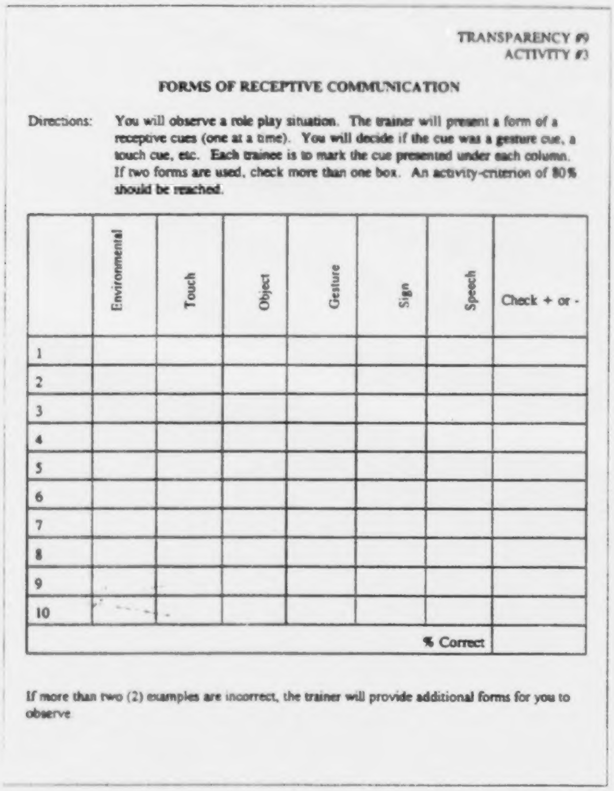
Speech Cues

- Young children (and many of our learners with severe handicaps) may respond to intonation or inflection features of speech long before they understand the meanings of the words or phrases that are used.

- It is critical that simple words or phrases are paired with any other type of cue that is used so that the words can begin to take on meaning.

- When object identification or the names of persons who interact with the learner are being taught, it is important that words are selected that sound very different from one another. These aspects of teaching receptive communication will be discussed later.





TRANSPARENCY #9
ACTIVITY #3

FORMS OF RECEPTIVE COMMUNICATION

Directions: You will observe a role play situation. The trainer will present a form of a receptive cues (one at a time). You will decide if the cue was a gesture cue, a touch cue, etc. Each trainee is to mark the cue presented under each column. If two forms are used, check more than one box. An activity-criterion of 80% should be reached.

	Environmental	Touch	Object	Gesture	Sign	Speech	Check + or -
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						% Correct	

If more than two (2) examples are incorrect, the trainer will provide additional forms for you to observe

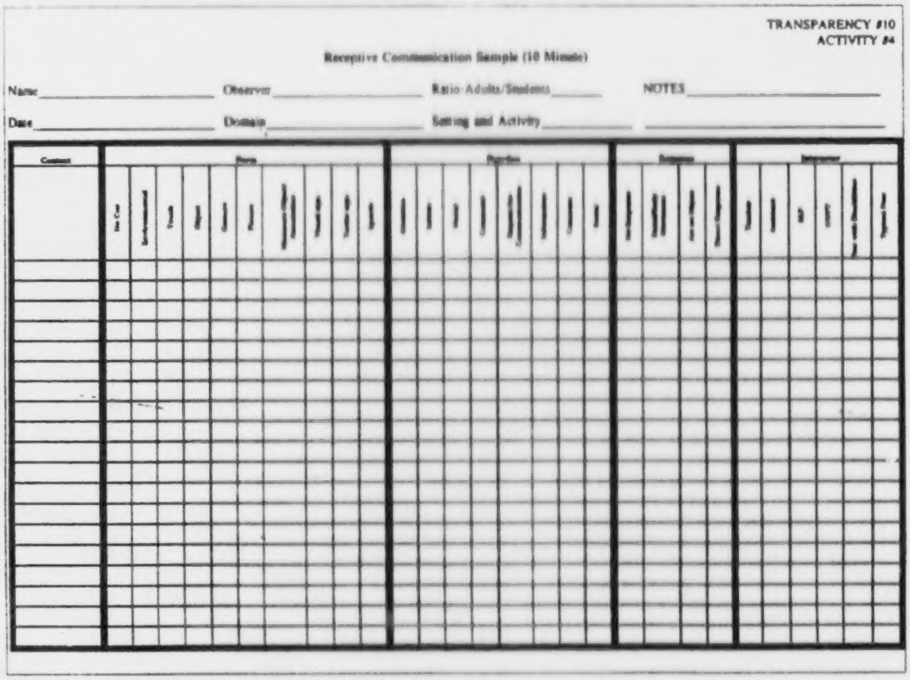
Activity #3: Forms of Receptive Communication - Turn to the Activity Packet for Activity #3

3.3 Content of Receptive Communication

- The content of communication addressed to the learner will be based on the directives, models, feedback, attention devices, questions, opportunities for choices and preferences, and termination of an activity across domains, activities, and tasks.
- The routines of each activity provide natural cues and chains of behaviors that are powerful support cues for the learner.

3.4 Assessment of Receptive Communication

- The forms, functions, and content that the learner understands should be assessed across all domains and activities.
- A task analysis should include the specific instructions, such as "turn off", with the specific gestures that are used.



TRANSPARENCY #10
ACTIVITY #4

Receptive Communication Sample (10 Minute)

Name________ Observer________ Ratio Adults/Students______ NOTES________

Date________ Domain________ Setting and Activity________ ________

ACTIVITY #4: Receptive Communication Assessment - Turn to the Activity Packet for Activity #4

3.5 Principles of Delivering Receptive Cues

- Never act on a learner without letting the person know what is about to happen (they deserve human dignity).
- Physically assist the learner through a task as little as necessary (do not teach them to be prompt dependent).

- If the learner does not understand what you expect of him/her, you have a...break-down of communication...it is up to you as a speaker or interactor to "repair" your cue by using a lower mode and form of a cue that the learner does understand.

- Provide a cue in a mode (such as speech only) one (1) time.

- Allow the learner time to respond (3-4 seconds) before you repair your cue by providing a more simple cue (such as a gesture cue).

- Remember - your job is to make yourself understood by the learner in the way that works, and to gradually pair higher forms of cues so that the words become meaningful.

4.0 DETERMINING EXPRESSIVE COMMUNICATION OBJECTIVES

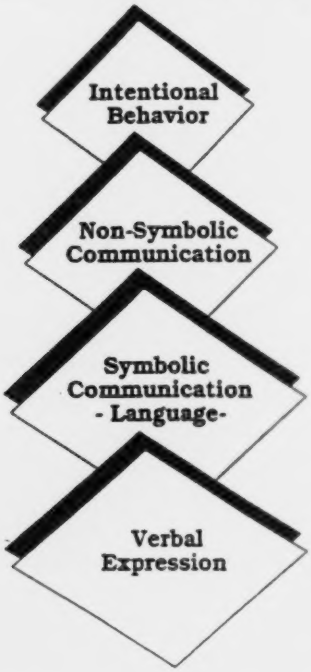
4.1 Forms of Expressive Communication

It is critical that the teacher (and Speech/Language Pathologist) understand that a learner with handicaps may communicate through a number of different forms. Initially, for the majority of learners with severe handicaps, these forms may not be verbal expressions or symbolic forms. They may be very simple and concrete means of getting the listener to respond in some way.

Remember - forms of expressive communication are a way to communicate. Some learners may never learn to talk or to sign, but they can learn to communicate. Again, as in receptive communication, the learner's visual, auditory, motor, and cognitive skills will determine what forms of expressive communication he/she will be able to use. Therefore, it is difficult to determine an exact sequence of teaching that each learner will follow - that would not be possible. Often, adapted forms or equipment will be necessary.

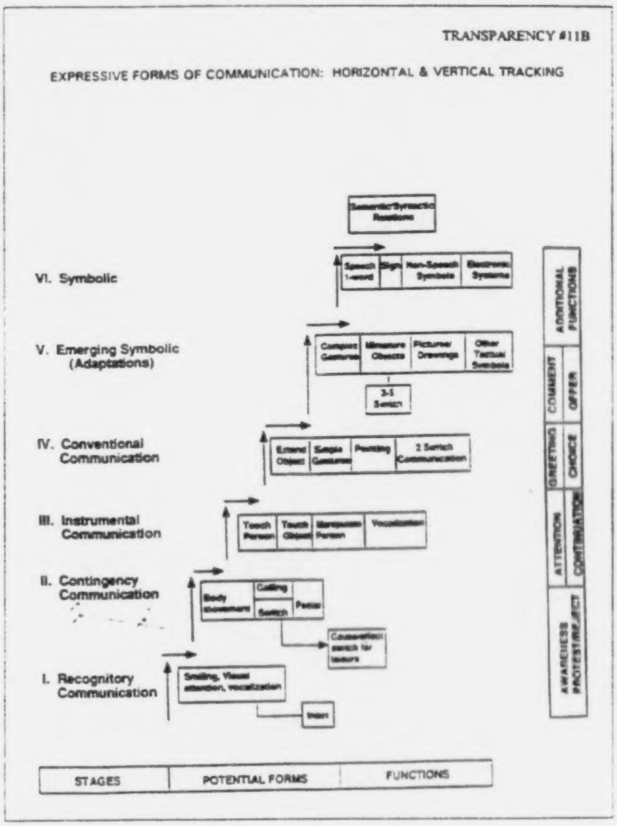
TRANSPARENCY #11A

COMMUNICATION AND LANGUAGE SYSTEMS


Intentional Behavior
Non-Symbolic Communication
Symbolic Communication - Language-
Verbal Expression

A Sequence of Forms

- Levels of forms - A sequence of communication behaviors or forms are presented across different levels of expressive use. Whereas, these levels are somewhat arbitrary, these are based on an easy-to-difficult sequence as well as functional use data by many learners with severe multiple handicaps. The levels provide a guideline or general measure of where the learner is functioning.

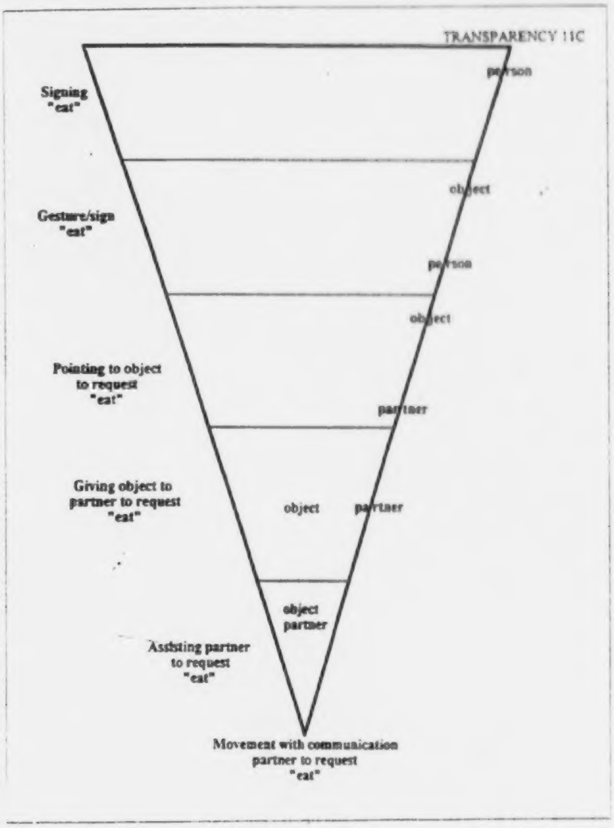


TRANSPARENCY #11B

EXPRESSIVE FORMS OF COMMUNICATION: HORIZONTAL & VERTICAL TRACKING

Semantic/Syntactic Relations
VI. Symbolic
Speech 1-word
Sign
Non-Speech Symbols
Electronic Systems
V. Emerging Symbolic (Adaptations)
Complex Gestures
Miniature Objects
Pictures/ Drawings
Other Tactual Symbols
3-5 Switch
IV. Conventional Communication
Extend Object
Simple Gestures
Pointing
2 Switch Communication
III. Instrumental Communication
Touch Person
Touch Object
Manipulate Person
Vocalization
II. Contingency Communication
Body Movement
Calling
Switch
Pedal
I. Recognitory Communication
Smiling, Visual attention, vocalization
ADDITIONAL FUNCTIONS
COMMENT
OFFER
GREETING
CHOICE
ATTENTION
CONTINUATION
AWARENESS
PROTEST/REJECT
STAGES
POTENTIAL FORMS
FUNCTIONS

- Concrete and simple motor-to-abstract and complex motor: The sequence of forms across the levels are arranged from simple and concrete - gradually becoming more abstract and complex. It should be the intent of the teacher to move the learner through the levels or to "up the ante" so that the learner does not remain at one level but learns through a systematic teaching process to communicate about...more things...more effectively...more efficiently to be understood by more people.


TRANSPARENCY 11C
person
Signing "eat"
object
Gesture/sign "eat"
person
object
Pointing to object to request "eat"
partner
Giving object to partner to request "eat"
object
partner
object partner
Assisting partner to request "eat"
Movement with communication partner to request "eat"

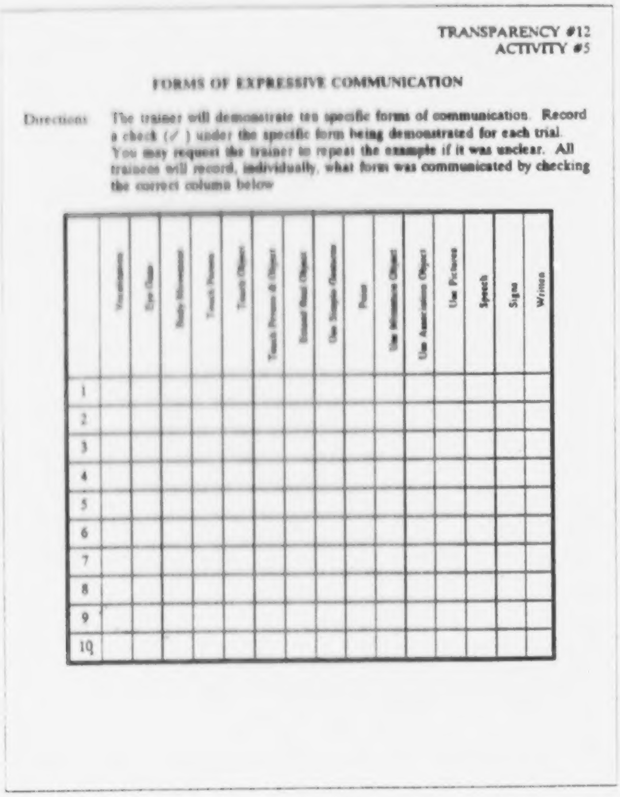
Levels and Features of Communication

- Different levels and examples of different forms are provided on the following two pages.

LEVELS/FEATURES	FORMS	EXAMPLES
LEVEL I. RECOGNITORY Behaviors indicate some awareness that another person is present for interaction		

<table>
<tr><td rowspan="4">LEVEL II. CONTINGENCY
Behaviors are purposeful but are not used for intentional communication. These behaviors may be interpreted by others as being communicative. They are necessary to move to the level of communication. These behaviors represent cause-effect skills, in which the learner learns that he/she can act on the environment to cause an effect.</td><td>1. General body movements</td><td>Leans head forward
Moves body for more</td></tr>
<tr><td>2. Specific body movements</td><td>Reaches to grasp
Throws an object</td></tr>
<tr><td>3. Vocalizations</td><td>Exhibits an abusive behavior</td></tr>
<tr><td>4. Adaptations with switches</td><td>Press switch for music Leaf switch for fan
Mercury for blender</td></tr>
<tr><td colspan="3">The teacher arranges the environment and is responsive to purposeful behaviors so that the learner learns that he/she can impact the environment and anticipates that he/she are active in making something occur. In this manner, the learner advances to the next level so that he/she not only purposefully acts, but that he learns to act on other people to get things done or to affect his environment if he can't do it by himself.</td></tr>
<tr><td rowspan="7">LEVEL III. INSTRUMENTAL
These behaviors are simple (non-symbolic) forms that are directed towards another person for the intent of causing that person to act. The learner must look at the person or orient to that person. These early forms of behaviors are either directed to the person or the object, but not to both. If the learner is not successful in getting his message across, he may give up or resort to inappropriate behaviors.</td><td>1. Vocalization (auditory signal)</td><td></td></tr>
<tr><td>2. Eye gaze</td><td></td></tr>
<tr><td>3. Body movement</td><td>Leans back for backrub
Kicks legs for rock
Moves head for more food</td></tr>
<tr><td>4. Touch person</td><td>Touch hand to get milk
Touch arm for attention</td></tr>
<tr><td>5. Touch object (object of 2 held)</td><td>Reaches for or touches cup or toy
Touches tape recorder when it stops</td></tr>
<tr><td>6. Touches 2 objects (not held)</td><td>touches spoon, not cup</td></tr>
<tr><td>7. Adaptations</td><td>Learners with little voluntary movement may need a switch device</td></tr>
<tr><td colspan="3">The learner gradually becomes more purposeful in using these behaviors and in anticipating that he/she can affect another person. Therefore, it is critical that the learner is responded to consistently. Some learners may exhibit very subtle behaviors if they have little voluntary control over their movements.</td></tr>
</table>

<table>
<tr><td rowspan="6">LEVEL IV. CONVENTIONAL The behaviors at this level are still not symbolic, but they are behaviors that are used by most persons in conjunction with speech. At this level the learner begins to coordinate the use of objects and people. Throughout this level the objects and the person become more distanced. The learner should be encouraged to pair these behaviors, such as pointing and vocalizing.</td><td>1. Touch person & object (or move person's arm to object)</td><td></td></tr>
<tr><td>2. Extend real objects</td><td>Cup for more milk
Tape to turn on
Money for coke</td></tr>
<tr><td>3. Use of 3 simple gestures</td><td>Up, Mine, and No</td></tr>
<tr><td>4. Point to near object</td><td></td></tr>
<tr><td>5. Adapted 2-choice communication device</td><td></td></tr>
<tr><td>6. Yes/No</td><td>Head motion</td></tr>
<tr><td colspan="3">At this point the learner is still communicating about the here and now, using concrete forms. Learners with higher cognitive skills may not have trouble advancing to signs, words, or other abstract symbols. However, many learners will need to go through a transition process in which the forms gradually becomes more abstract. For these learners it is necessary to go through the next level of teaching more abstract symbols.</td></tr>
<tr><td>LEVEL V. EMERGING SYMBOLIC SYSTEMS
At this level, the forms used to communicate are changed so that they gradually become more abstract. A learner who does not have the fine motor control to point, may extend the objects. Also, some learners may use a combination of motor responses, pointing, gestures, vocalizations. The teacher is continuously expanding the learner's vocabulary so that the learner can communicate about more things in the environment.</td><td colspan="2">1. Extend/point to miniature objects
2. Extend/point to object parts that are part of the whole
3. Extend/point to pictures/line drawings
4. Use more complex gestures</td></tr>
<tr><td colspan="3">At level V, the learner needs to demonstrate that if he/she uses an object representation, they can then select the real object; they have to demonstrate that they understand the 1:1 correspondence between a representation and the real object (referent). At this level, the learner should have a vocabulary of at least 25 objects, activities or meanings that they can express across a variety of routine activities.</td></tr>
<tr><td>LEVEL VI. SYMBOLIC
At this level the learner is able to use at least 2 symbols that represent or stand for specific objects. These language forms may be speech words, signs or abstract symbols</td><td colspan="2">1. A. Close work approximations
B. True signs
C. Written words or abstract symbols
2. Use of two words for 2 different functions
3. Use of two words for objects that are not immediately visible or present</td></tr>
</table>



TRANSPARENCY #12
ACTIVITY #5

FORMS OF EXPRESSIVE COMMUNICATION

Directions: The trainer will demonstrate ten specific forms of communication. Record a check (✓) under the specific form being demonstrated for each trial. You may request the trainer to repeat the example if it was unclear. All trainees will record, individually, what form was communicated by checking the correct column below

	Vocalizations	Eye Gaze	Body Movement	Touch Person	Touch Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use Association Object	Use Pictures	Speech	Signs	Written
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

ACTIVITY #5: Forms of Expressive Communication - Turn to the Activity Packet for Activity #5.

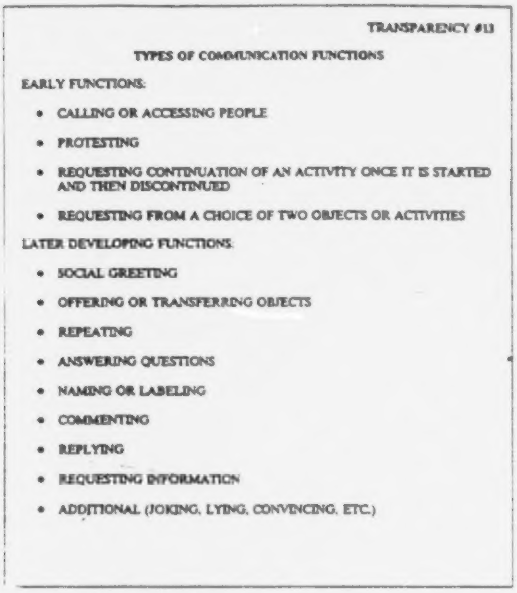
4.2 Functions of Expressive Communication

The learner will learn to use forms of communication to express different functions or to achieve different goals. Initially, the learner will use one form for only one function. Later, the learner will be able to use a form for at least two different functions.

- Example "Teacher's name" may be used to get her attention or answer the question, "Who's your teacher?" "Ms. Dodd."

Types of Communication Functions

The following are types of communication functions that will be taught initially. The second group of functions will be taught once the learner demonstrates consistent use of the first group.



TRANSPARENCY #13

TYPES OF COMMUNICATION FUNCTIONS

EARLY FUNCTIONS:

- CALLING OR ACCESSING PEOPLE
- PROTESTING
- REQUESTING CONTINUATION OF AN ACTIVITY ONCE IT IS STARTED AND THEN DISCONTINUED
- REQUESTING FROM A CHOICE OF TWO OBJECTS OR ACTIVITIES

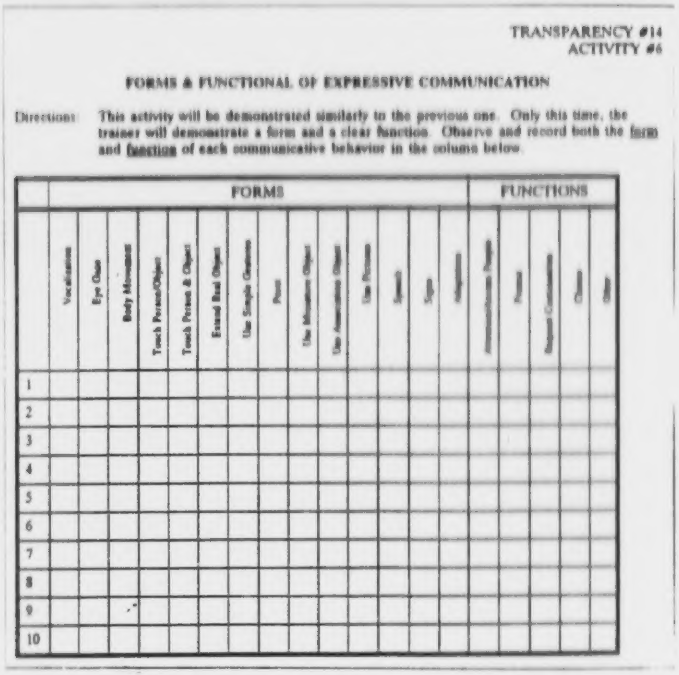
LATER DEVELOPING FUNCTIONS:

- SOCIAL GREETING
- OFFERING OR TRANSFERRING OBJECTS
- REPEATING
- ANSWERING QUESTIONS
- NAMING OR LABELING
- COMMENTING
- REPLYING
- REQUESTING INFORMATION
- ADDITIONAL (JOKING, LYING, CONVINCING, ETC.)

- Early functions:
  - Calling or accessing people
  - Protesting
  - Requesting continuation of an activity once it is started and then discontinued
  - Requesting from a choice of two objects or activities

- Later developing functions:

  - Social greeting
  - Offering or transferring objects
  - Repeating
  - Answering questions
  - Naming or labeling
  - Commenting
  - Replying
  - Requesting information
  - Additional (joking, lying, convincing, etc.)



TRANSPARENCY #14
ACTIVITY #6

FORMS & FUNCTIONAL OF EXPRESSIVE COMMUNICATION

Directions: This activity will be demonstrated similarly to the previous one. Only this time, the trainer will demonstrate a form and a clear function. Observe and record both the form and function of each communicative behavior in the column below.

	FORMS														FUNCTIONS				
	Vocalization	Eye Gaze	Body Movement	Touch Person/Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use [illegible] Object	Use Pictures	Speech	Signs	[illegible]	[illegible]	Protest	Request Continuation	Choice	Other
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

ACTIVITY #6: Forms and Functions of Expressive Communication - Turn to the Activity Packet for Activity #6

4.3 Content of Communication

Two aspects of the content of communication must be considered in order for the learner to have "something to communicate about."

Vocabulary

Objects, persons, activities, locations, and events are aspects of the environment that are communicated about. They represent the content of vocabulary.

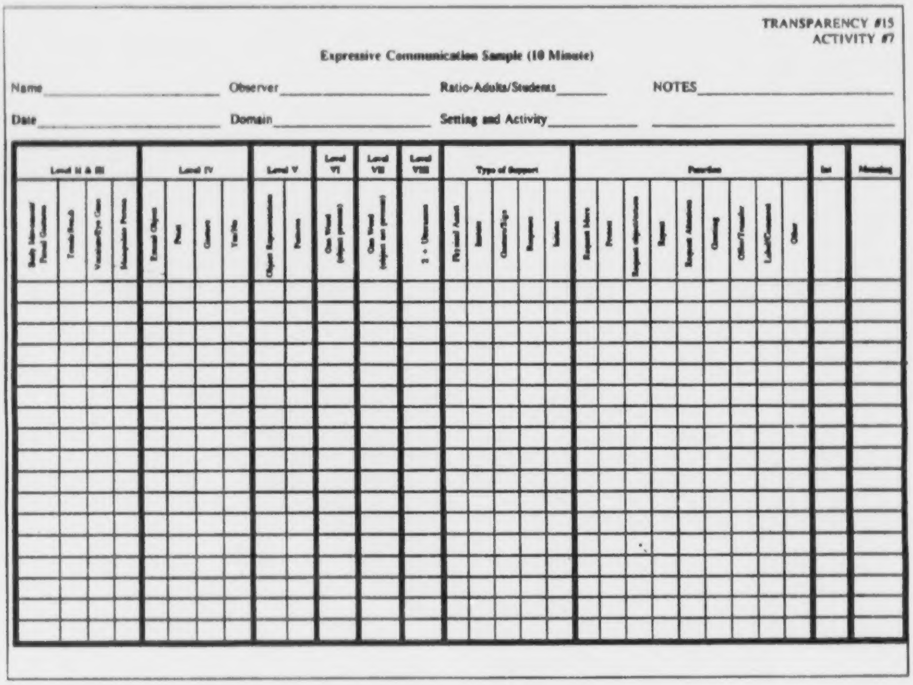
- Select vocabulary that is functional and would be used frequently.
- Select vocabulary initially that can be expressed by forms of communication that do not look alike, sound alike, or can be easily confused.

The assessment is designed to assess three features of the learners' expressive communication system.

Forms that the learner is currently using and a plan for teaching the next forms,

Functions that the learner is using, and

Routine activities that serve as the context of assessment.



TRANSPARENCY #15
ACTIVITY #7

Expressive Communication Sample (10 Minute)

Name__________ Observer__________ Ratio-Adults/Students______ NOTES__________

Date__________ Domain__________ Setting and Activity__________ __________

- -

ACTIVITY #7: Expressive Communication Assessment - Turn to the Activity Packet for Activity #7

- -

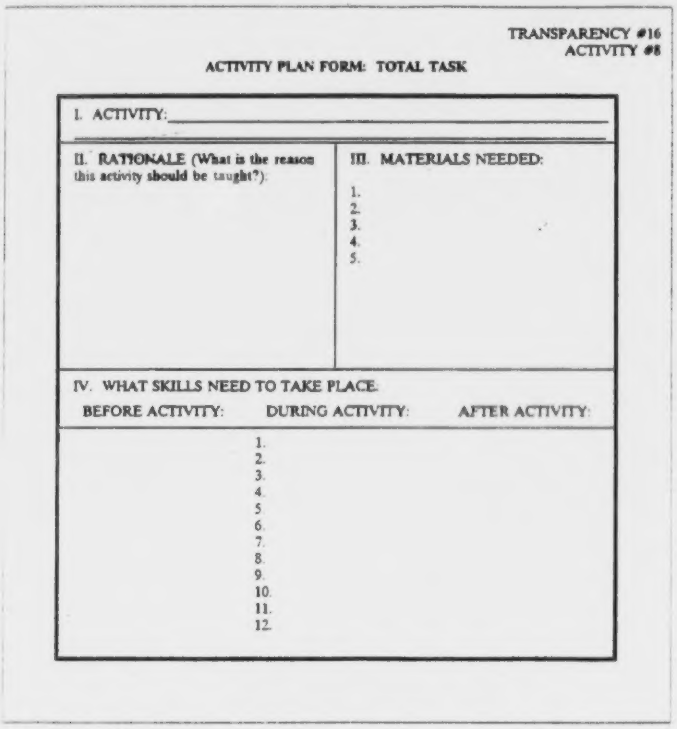
5.0 DETERMINING COMMUNICATION CONTENT & STRATEGIES

5.1 Developing the IEP and Communication Programming

Once the Receptive and Expressive Communication Samples have been completed, objectives for communication should be included on the IEP.

The forms that the learner understands and uses should be listed under strengths.

The criterion for completion should include the activities (across domains) in which the forms & functions will be used.



TRANSPARENCY #16
ACTIVITY #8

ACTIVITY PLAN FORM: TOTAL TASK

I. ACTIVITY: ______________________________

II. RATIONALE (What is the reason this activity should be taught?):

III. MATERIALS NEEDED:
1.
2.
3.
4.
5.

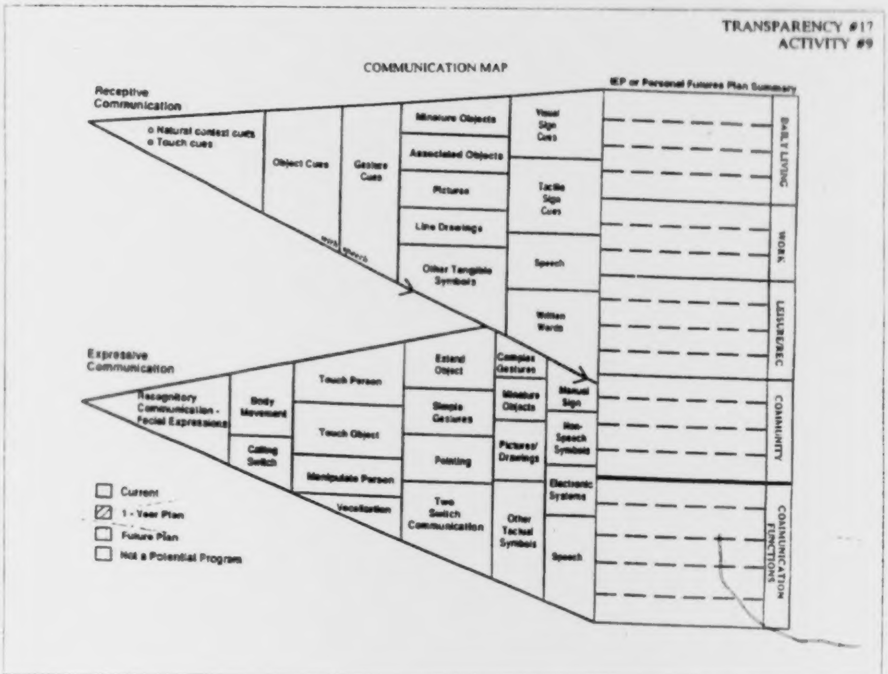
IV. WHAT SKILLS NEED TO TAKE PLACE:

BEFORE ACTIVITY: DURING ACTIVITY: AFTER ACTIVITY:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

ACTIVITY #8: Demonstration of a Total Task Activity - Turn to the Activity Packet for Activity #8

5.2 Specify the Functional Receptive & Expressive Content.


TRANSPARENCY #17
ACTIVITY #9
COMMUNICATION MAP
Receptive Communication
o Natural context cues
o Touch cues
Object Cues
Gesture Cues
Miniature Objects
Associated Objects
Pictures
Line Drawings
Other Tangible Symbols
Visual Sign Cues
Tactile Sign Cues
Speech
Written Words
IEP or Personal Futures Plan Summary
DAILY LIVING
WORK
LEISURE/REC
COMMUNITY
COMMUNICATION FUNCTIONS
Expressive Communication
Recognitory Communication - Facial Expressions
Body Movement
Calling Switch
Touch Person
Touch Object
Manipulate Person
Vocalization
Extend Object
Simple Gestures
Pointing
Two Switch Communication
Complex Gestures
Miniature Objects
Pictures/ Drawings
Other Tactual Symbols
Manual Sign
Non-Speech Symbols
Electronic Systems
Speech
☐ Current
☒ 1 - Year Plan
☐ Future Plan
☐ Not a Potential Program

ACTIVITY #9: Communication Map - turn to the Activity Packet for Activity #9

6.0 Evaluation

6.1 Posttest

ACTIVITY #10: Posttest - Turn to the Activity Packet for Activity #10

6.2 Trainee Workshop Evaluation

ACTIVITY #11: McCallon Satisfaction - The McCallon Satisfaction measure is located in the Activity Packet.

COMMUNICATION WORKBOOK

ACTIVITY PACKET

PRETEST

ACTIVITY #1

1. What three (3) related skill areas (Other than expressive/receptive communication) must be considered when programming communication for infants/young children with handicaps?

2. Three major aspects are critical to communication and language development. Define each of these three aspects.

3. Provide two examples of nonverbal (not crying, babbling) behaviors for each of the following:
   A. Instrumental communication (nonsymbolic):
      1.
      2.
   B. Conventional (adult-like forms) prelanguage communication (nonsymbolic):
      1.
      2.

4. List four types of communication functions (intents, uses, reasons) that are used by young children (do not list specific behaviors).
   A.
   B.
   C.
   D.

5. Match the following behaviors that best reflect the level of communication development.

   Child presses switch to get Mom's attention.__________

   Child extends his cup for more milk.__________

   Child becomes "quiet" when Mom interacts with him.__________

   A. Level I - Recognitory Communication

   B. Level II - Contingency Communication

   C. Level III - Instrumental

   D. Level IV - Conventional intentional Communication

6. List three strategies that can be used to increase or enhance the child's expressive communication.
   A.
   B.
   C.

ACTIVITY #2

FUNCTIONS OF RECEPTIVE COMMUNICATION

Directions: The trainer will read each of the (10) "messages." After each example, place a check (✓) in the column that best describes the function or purpose of the messages.

	Examples										
Functions	1	2	3	4	5	6	7	8	9	10	Check +/-
Model/Repeat											
Protest/Inhibit											
Attention/Person/Object											
Comment/Reinforcer											
Comment/Information											
Motor Directive/Command											
Question											
Communication Directive											
Answer											
Reply to Response											
Joking											
% Correct											

*If more than two (2) examples were incorrect, the trainer will provide more examples for practice.

ACTIVITY #3

FORMS OF RECEPTIVE COMMUNICATION

Directions: You will observe a role play situation. The trainer will present a form of a receptive cues (one at a time). You will decide if the cue was a gesture cue, a touch cue, etc. Each trainee is to mark the cue presented under each column. If two forms are used, check more than one box. An activity-criterion of 80% should be reached.

	Environmental	Touch	Object	Gesture	Sign	Speech	Check + or -
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
% Correct							

If more than two (2) examples are incorrect, the trainer will provide additional forms for you to observe.

Receptive Communication Sample (10 Minute)

ACTIVITY #4

Name________________ Observer________________ Ratio-Adults/Students________ NOTES________________

Date________________ Domain________________ Setting and Activity____________ ________________

Content	Form										Function								Response				Interactor					
	No Cue	Environmental	Touch	Object	Gesture	Picture	Miniature Object/ Association	Visual sign	Tactile sign	Speech	Attention	Inhibit	Model	Command	Request for	Information	Comment	Social	No Response	Facial/Body	Act on Object	Direct Response	Teacher	Assistant	SLP	OT/PT	Peer with Disabilities	Typical Peer

ACTIVITY #5

FORMS OF EXPRESSIVE COMMUNICATION

Directions: The trainer will demonstrate ten specific forms of communication. Record a check (✓) under the specific form being demonstrated for each trial. You may request the trainer to repeat the example if it was unclear. All trainees will record, individually, what form was communicated by checking the correct column below

	Vocalization	Eye Gaze	Body Movement	Touch Person	Touch Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use Association Object	Use Pictures	Speech	Signs	Written
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

ACTIVITY #6

FORMS & FUNCTIONS OF EXPRESSIVE COMMUNICATION

Directions: This activity will be demonstrated similarly to the previous one. Only this time, the trainer will demonstrate a form and a clear function. Observe and record both the form and function of each communicative behavior in the column below.

	FORMS														FUNCTIONS				
	Vocalization	Eye Gaze	Body Movement	Touch Person/Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use Association Object	Use Pictures	Speech	Signs	Adaptation	Attention/Access People	Protest	Request Continuation	Choice	Other
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

Expressive Communication Sample (10 Minute)

ACTIVITY #7

Name ____________ Observer ____________ Ratio-Adults/Students ________ NOTES ____________

Date ____________ Domain ____________ Setting and Activity ____________ ____________

Level II & III				Level IV				Level V		Level VI	Level VII	Level VIII	Type of Support					Function									Int	Meaning
Body Movement/ Facial Gestures	Touch/Reach	Vocalize/Eye Gaze	Manipulate Person	Extend Object	Point	Gesture	Yes/No	Object Representation	Pictures	One Word (object present)	One Word (object not present)	2 + Utterances	Physical Assist	Imitate	Gesture/Sign	Response	Initiate	Request More	Protest	Request object/action	Repeat	Request Attention	Greeting	Offer/Transfer	Label/Comment	Other		

Int = Interacter
PD = Peer with Disability
TP = Typical Peer

ACTIVITY PLAN FORM: TOTAL TASK

I. ACTIVITY:____

____

II. RATIONALE (What is the reason this activity should be taught?):

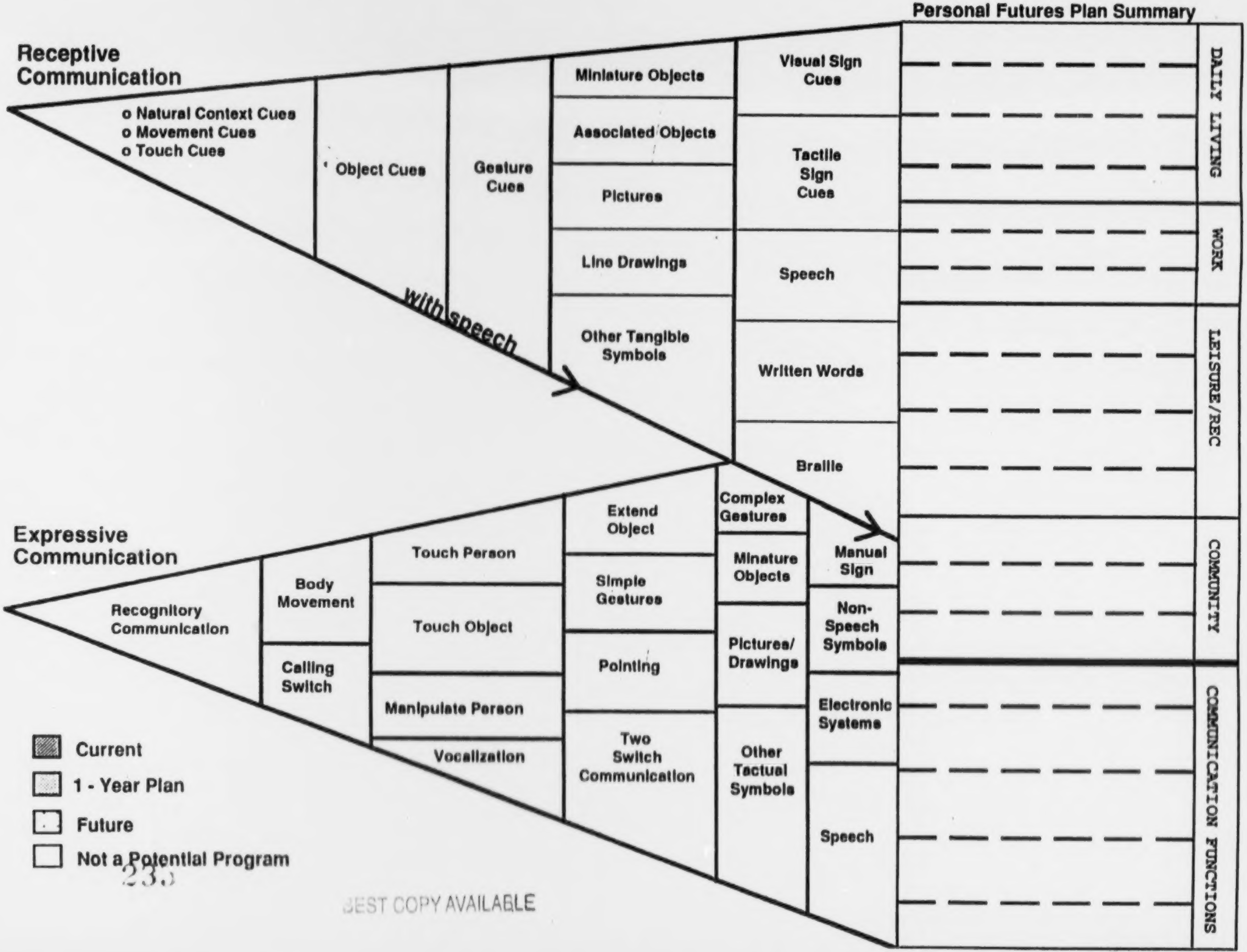
III. MATERIALS NEEDED:

1.
2.
3.
4.
5.

IV. WHAT SKILLS NEED TO TAKE PLACE:

BEFORE ACTIVITY:	DURING ACTIVITY:	AFTER ACTIVITY:
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	

ACTIVITY #9


Personal Futures Plan Summary
Receptive Communication
o Natural Context Cues
o Movement Cues
o Touch Cues
Object Cues
Gesture Cues
Miniature Objects
Associated Objects
Pictures
Line Drawings
Other Tangible Symbols
Visual Sign Cues
Tactile Sign Cues
Speech
Written Words
Braille
with speech
Expressive Communication
Recognitory Communication
Body Movement
Calling Switch
Touch Person
Touch Object
Manipulate Person
Vocalization
Extend Object
Simple Gestures
Pointing
Two Switch Communication
Complex Gestures
Miniature Objects
Pictures/ Drawings
Other Tactual Symbols
Manual Sign
Non-Speech Symbols
Electronic Systems
Speech
DAILY LIVING
WORK
LEISURE/REC
COMMUNITY
COMMUNICATION FUNCTIONS
▩ Current
▒ 1 - Year Plan
⬚ Future
☐ Not a Potential Program

POSTTEST **ACTIVITY #10**

1. What three (3) related skill areas (Other than expressive/receptive communication) must be considered when programming communication for infants/young children with handicaps?

2. Three major aspects are critical to communication and language development. Define each of these three aspects.

3. Provide two examples of nonverbal (not crying, babbling) behaviors for each of the following:
   A. Instrumental communication (nonsymbolic):
      1.
      2.
   B. Conventional (adult-like forms) prelanguage communication (nonsymbolic):
      1.
      2.

4. List four types of communication functions (intents, uses, reasons) that are used by young children (do not list specific behaviors).
   A.
   B.
   C.
   D.

5. Match the following behaviors that best reflect the level of communication development.

Child presses switch to get Mom's attention.__________

Child extends his cup for more milk.__________

Child becomes "quiet" when Mom interacts with him.__________

A. Level I - Recognitory Communication

B. Level II - Contingency Communication

C. Level III - Instrumental

D. Level IV - Conventional intentional Communication

6. List three strategies that can be used to increase or enhance the child's expressive communication.
   A.
   B.
   C.

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name: ______________________________

Date: ______________________________

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Generic Interactive Teaching Behavior	Rate	Specific Behavior for Individual Child	Child Outcomes				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Handling/position							
4. Placement of materials							
5. Responsiveness							
6. Opportunities to communicate							
7. Special Adaptations							
8. Partial Participation							
9. Provide appropriate feedback							
10. Provide consistent prompts/cues							
11. Wait							
12. Encourage sibling/peer interaction							
Score	_____	_____________	_____	_____	_____	_____	_____

Additional Objectives:

Routine:

Teaching Strategies: ______________________________

Additional Adaptations: ______________________________

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:______________________________

Date:______________________________

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Generic Interactive Teaching Behavior	Rate	Specific Behavior for Individual Child	Child Outcomes				
1. Prepare child for the activity							
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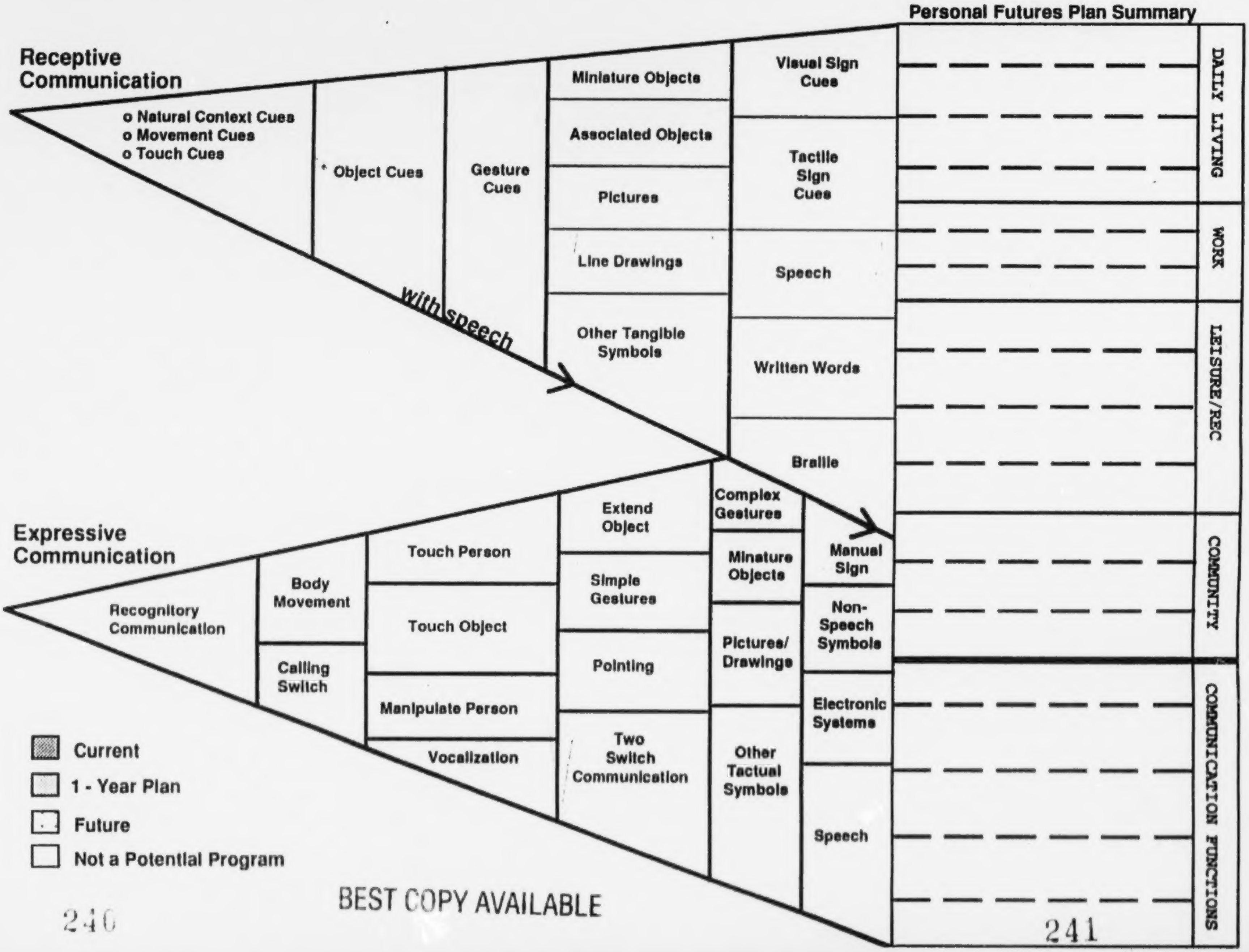
4. Placement of materials							
5. Responsiveness							
6. Opportunities to communicate							
7. Special Adaptations							
8. Partial Participation							
9. Provide appropriate feedback							
10. Provide consistent prompts/cues							
11. Wait							
12. Encourage sibling/peer interaction							
Score	____	________	____	____	____	____	____

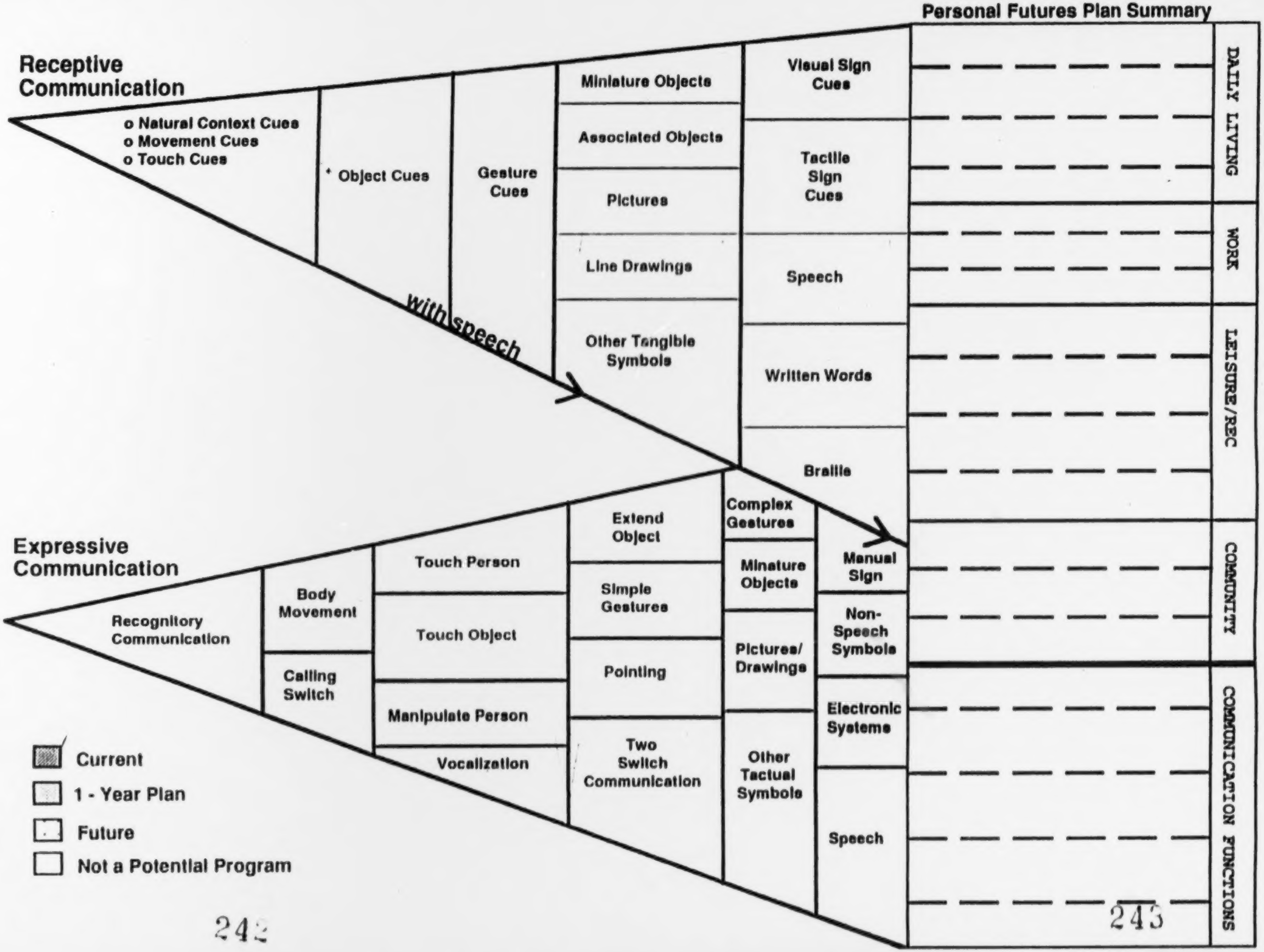
Additional Objectives:

Routine:

Teaching Strategies:________________________

Additional Adaptations:________________________


Personal Futures Plan Summary
Receptive Communication
o Natural Context Cues
o Movement Cues
o Touch Cues
Object Cues
Gesture Cues
Miniature Objects
Associated Objects
Pictures
Line Drawings
Other Tangible Symbols
Visual Sign Cues
Tactile Sign Cues
Speech
Written Words
Braille
with speech
Expressive Communication
Recognitory Communication
Body Movement
Calling Switch
Touch Person
Touch Object
Manipulate Person
Vocalization
Extend Object
Simple Gestures
Pointing
Two Switch Communication
Complex Gestures
Minature Objects
Pictures/ Drawings
Other Tactual Symbols
Manual Sign
Non-Speech Symbols
Electronic Systems
Speech
DAILY LIVING
WORK
LEISURE/REC
COMMUNITY
COMMUNICATION FUNCTIONS
Current
1 - Year Plan
Future
Not a Potential Program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Pictures/ Drawings
Other Tactual Symbols
Manual Sign
Non-Speech Symbols
Electronic Systems
Speech
▨ Current
░ 1 - Year Plan
☐ Future
☐ Not a Potential Program

WORKSHOP EVALUATION SCALE

Workshop Name: ____________________ Date: ____________________

Presenter: ____________________

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop should prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were: ____________________

____

____

The weaker features were: ____________________

____

____

General Comments: ____________________

____

____

---

[1] McCallon, E. (unknown). Workshop evaluation scale. Austin, Texas: Learning Concepts.

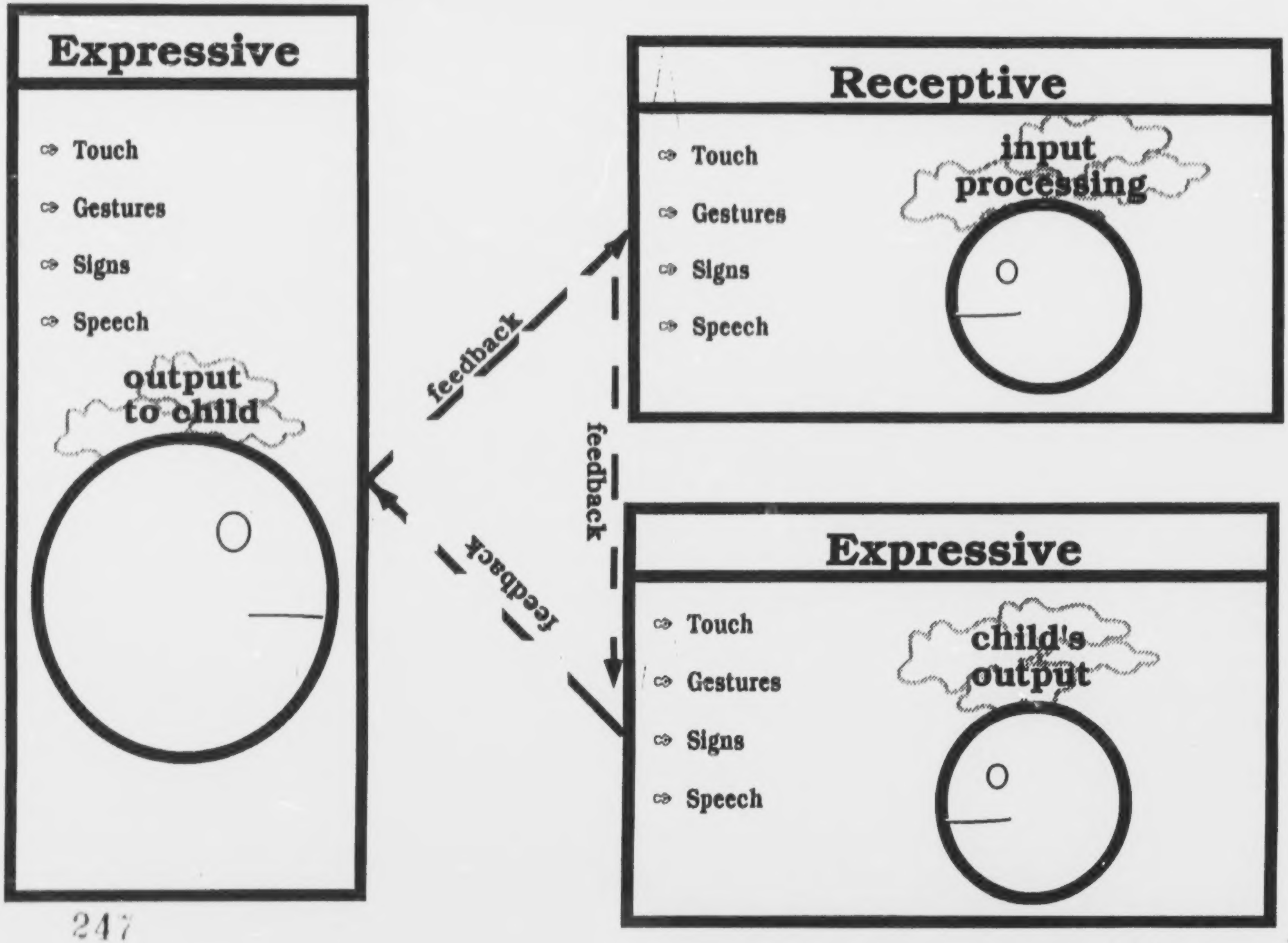
TRANSPARENCIES

TRANSPARENCY #2

SPEECH	A COMPLEX FINE MOTOR BEHAVIOR DEPENDING ON: 1. Adequate Air Flow from the lungs 2. Coordinated movements of the vocal cords 3. Coordination of the oral-motor movement of the tongue and lips within the oral cavity
LANGUAGE	A SYSTEM OF CULTURALLY DETERMINED SYMBOLS AND RULES FOR ORDERING THE SYMBOLS
COMMUNICATION	AN INTERACTION BETWEEN TWO OR MORE PERSONS INVOLVING: 1. A message 2. An intention on the part of the sender to "impact" the receiver 3. Non-symbolic or symbolic forms may be used.

COMMUNIATION SYSTEMS

TRANSPARENCY #3



Expressive

- Touch
- Gestures
- Signs
- Speech

output to child

Receptive

- Touch
- Gestures
- Signs
- Speech

input processing

Expressive

- Touch
- Gestures
- Signs
- Speech

child's output

feedback
feedback
feedback

TRANSPARENCY #4

EACH STUDENT SHOULD HAVE A COMMUNICATION SYSTEM THAT IS DEVELOPED WITH THE FOLLOWING FEATURES

1. **A WAY** . . . forms to communicate
2. **A REASON** . . . functions of communication
3. **SOMETHING** . . . people, objects, actions, events, locations to communicate about
4. **SOMEWHERE** . . . activities, routines, domains
5. **SOMEONE** . . . people to communicate with (family, service providers, and peers)

EARLY FUNCTIONS OF RECEPTIVE COMMUNICATION

A. TO GET THE LEARNER TO ATTEND TO YOU OR AN OBJECT (NOTICE)

B. TO GET THE LEARNER TO STOP DOING AN UNDESIRABLE BEHAVIOR (YOUR PROTEST)

C. TO CONVEY THAT YOU ARE GOING TO ACT ON THE LEARNER IN SOME WAY (INFORMATION)

D. TO CONVEY WHERE HE/SHE IS BEING TAKEN (INFORMATION)

E. TO CONVEY WHAT YOU INTEND FOR THE LEARNER TO DO (COMMAND/DIRECTIVE)

F. TO COMMENT ON THE LEARNER'S ACTIONS, POSSESSIONS, AND ABOUT ONGOING ACTIVITIES (SOCIAL COMMENT)

G. TO CONVEY THAT AN ACTIVITY IS COMPLETED (TERMINATION)

H. TO PROVIDE A MODEL

I. TO CONVEY WHAT ACTIVITIES ARE TO TAKE PLACE IN THE NEAR FUTURE (UNDERSTANDING THE ROUTINE ACTIVITIES OF THE DAY)

TRANSPARENCY #6
ACTIVITY #2

FUNCTIONS OF RECEPTIVE COMMUNICATION

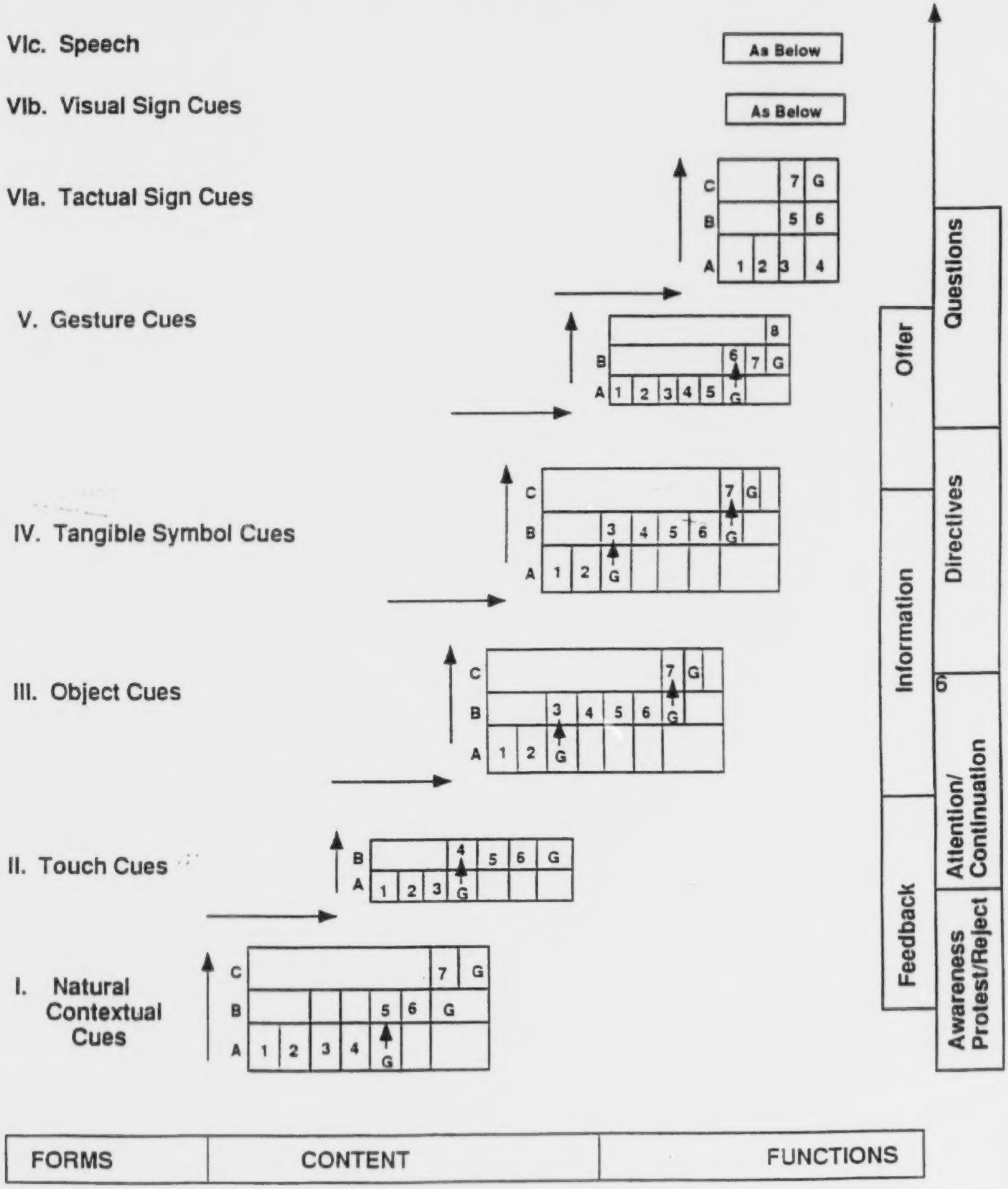
Directions: The trainer will read each of the (10) "messages." After each example, place a check (✓) in the column that best describes the function or purpose of the messages.

	Examples										
Functions	1	2	3	4	5	6	7	8	9	10	Check +/-
Model/Repeat											
Protest/Inhibit											
Attention/Person/Object											
Comment/Reinforcer											
Comment/Information											
Motor Directive/Command											
Question											
Communication Directive											
Answer											
Reply to Response											
Joking											
										% Correct	

*If more than two (2) examples were incorrect, the trainer will provide more examples for practice.

TRANSPARENCY #7

RECEPTIVE FORMS OF COMMUNICATION: HORIZONTAL & VERTICAL TRACKING


VIc. Speech
As Below
VIb. Visual Sign Cues
As Below
VIa. Tactual Sign Cues
C 7 G
B 5 6
A 1 2 3 4
V. Gesture Cues
8
B 6 7 G
A 1 2 3 4 5 G
IV. Tangible Symbol Cues
C 7 G
B 3 4 5 6 G
A 1 2 G
III. Object Cues
C 7 G
B 3 4 5 6 G
A 1 2 G
II. Touch Cues
B 4 5 6 G
A 1 2 3 G
I. Natural Contextual Cues
C 7 G
B 5 6 G
A 1 2 3 4 G
Offer
Information
Feedback
Questions
Directives
Attention/ Continuation
Awareness Protest/Reject
FORMS
CONTENT
FUNCTIONS

TRANSPARENCY #8A

EXAMPLES OF RECEPTIVE FORMS

TOUCH CUES

Up
Down
Change

Identification
Sit
Stand
Come
More
Give
Put

OBJECT CUES

Meaning	Object (Form)
Eat	Spoon
Drink	Bottle
Change	Pants or Diaper
Go	Walker
Finished	Tub to put object in
Bed/Sleep	Blanket, small pillow or bed toy
Down on mat	Piece of the mat/carpet
Going to play area	A specific toy
Bath	Washcloth or sponge
Dress	Small shoe
Outside	Turf or small brick
Music	Tape
Bubbles	Bubble wand
Air on face	Balloon
Swing	Piece of chain or rubber

GESTURES

No/Yes
Give me
Take
Eat
Come
Bye

Finished
Want
Look for
Put
Go
Take

OBJECT CUES AND MEANING ACROSS DOMAINS/ACTIVITIES FOR OLDER LEARNERS

Daily Living/Domestic

- Eating
  - Small cereal box - eat breakfast
  - Meal ticket - eat lunch
  - Tray away - finished
- Meal Preparation
  - Picture book/potholder - time to prepare
  - Sponge/dishcloth - time to clean up
- Self Care
  - Small toothpaste/comb/mirror - go to bathroom for self care
- Laundry
  - Detergent cap - time to do laundry

Vocational

- Work
  - Timecard - time for work
- In School
  - Small tin can - time to pick up trash
  - Smashed small can - time to mash cans
  - Stick-ems - time to xerox

Community

I.D. card - time to go into community; plastic glove - uses to package silverware; small book - go to church to straighten up hymnals; vending machines - money card; grocery store - list with pictures or magnet board with beans, catsup, eggs.

Leisure/Recreation

- Group card game
  - Card - time to play cards
- P.E.
  - Whistle - time to go to P.E.
- Exercise Bike
  - Handle grip - time to ride the exercise bike
- Music
  - Small audiotape - time for listening to tapes
- Make Snack
  - Popcorn cue - time to pop pop corn

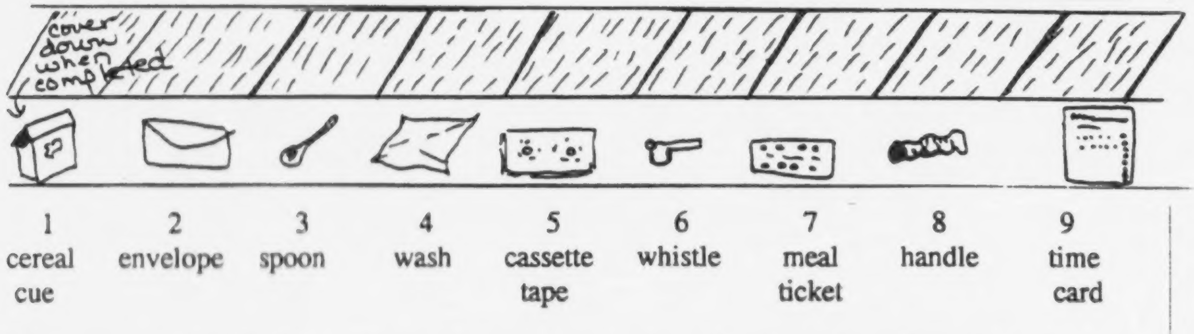
TRANSPARENCY #8C

As the learner begins to understand the meaning of the object cues when the object is given to him/her, a time management/calendar system may be developed so that the learner begins to get the objects himself in order to function more independently without your directives. In order to develop a time management calendar system for a learner, the teacher must consider four variables.

a. At lease 4-5 routine activities must be occurring daily,
b. An object that "stands for" each activity must be selected,
c. The objects must be sequenced in an order,
d. The learner must have a way of knowing when an activity is completed and when the next activity is to begin (as in closing the cover on the slot in which the object is kept).

Example:

Activity	Object Cue	Sequences	Completed
Breakfast	small cereal box	1	Cover down
Attendance to office	envelope	2	"
Cafeteria (job)	spoon	3	"
Sort laundry	washcloth	4	"
Leisure (tape)	small tape	5	"
Gym	whistle	6	"
Lunch	meal ticket	7	"
Leisure (exercycle)	grip	8	"
Work	timecard	9	



The learner would take the small cereal box and go to the cafeteria for breakfast. When he returns to the classroom after breakfast, he puts the cereal box back in the first slot and closes the slot. He then takes his envelope and gives it to the teacher to put the day's attendance form in and takes it to the school office.

TRANSPARENCY #9
ACTIVITY #3

FORMS OF RECEPTIVE COMMUNICATION

Directions: You will observe a role play situation. The trainer will present a form of a receptive cues (one at a time). You will decide if the cue was a gesture cue, a touch cue, etc. Each trainee is to mark the cue presented under each column. If two forms are used, check more than one box. An activity-criterion of 80% should be reached.

	Environmental	Touch	Object	Gesture	Sign	Speech	Check + or -
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						% Correct	

If more than two (2) examples are incorrect, the trainer will provide additional forms for you to observe.

TRANSPARENCY #10
ACTIVITY #4

Receptive Communication Sample (10 Minute)

Name____________________ Observer__________________ Ratio-Adults/Students______ NOTES______________________

Date____________________ Domain__________________ Setting and Activity__________ ______________________

Content	Form										Function								Response				Interactor					
	No Cue	Environmental	Touch	Object	Gesture	Picture	Miniature Object/ Association	Visual sign	Tactile sign	Speech	Attention	Inhibit	Model	Command	Request for Communication	Information	Comment	Social	No Response	Facial/Body Movement	Act on Object	Direct Response	Teacher	Assistant	SLP	OT/PT	Peer with Disabilities	Typical Peer

TRANSPARENCY #11A

COMMUNICATION AND LANGUAGE SYSTEMS

Intentional Behavior

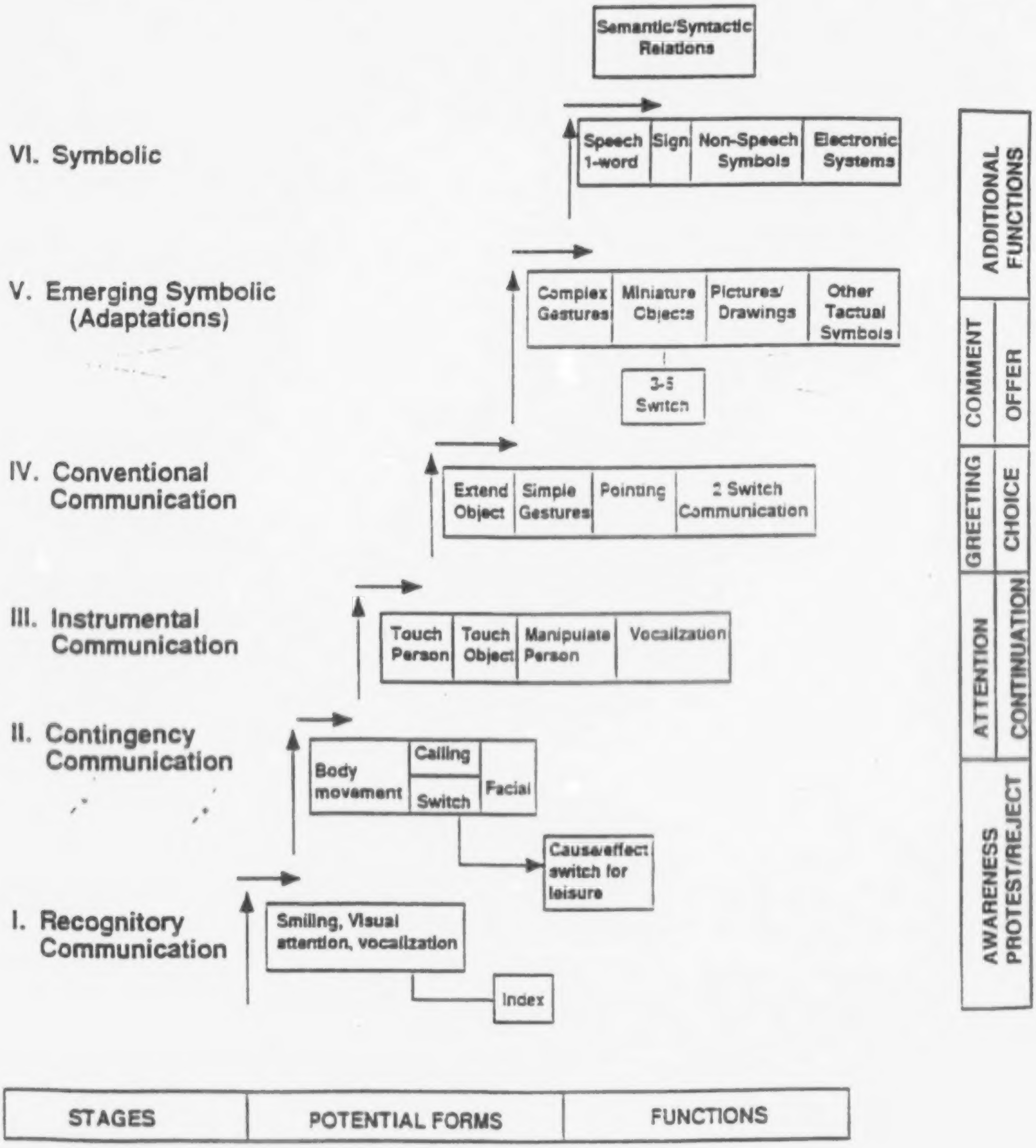
Non-Symbolic Communication

Symbolic Communication - Language-

Verbal Expression

TRANSPARENCY #11B

EXPRESSIVE FORMS OF COMMUNICATION: HORIZONTAL & VERTICAL TRACKING



Semantic/Syntactic Relations

VI. Symbolic
- Speech 1-word
- Sign
- Non-Speech Symbols
- Electronic Systems

V. Emerging Symbolic (Adaptations)
- Complex Gestures
- Miniature Objects
- Pictures/ Drawings
- Other Tactual Symbols
- 3-5 Switch

IV. Conventional Communication
- Extend Object
- Simple Gestures
- Pointing
- 2 Switch Communication

III. Instrumental Communication
- Touch Person
- Touch Object
- Manipulate Person
- Vocalization

II. Contingency Communication
- Body movement
- Calling
- Switch
- Facial
- Cause/effect switch for leisure

I. Recognitory Communication
- Smiling, Visual attention, vocalization
- Index

ADDITIONAL FUNCTIONS

COMMENT | OFFER

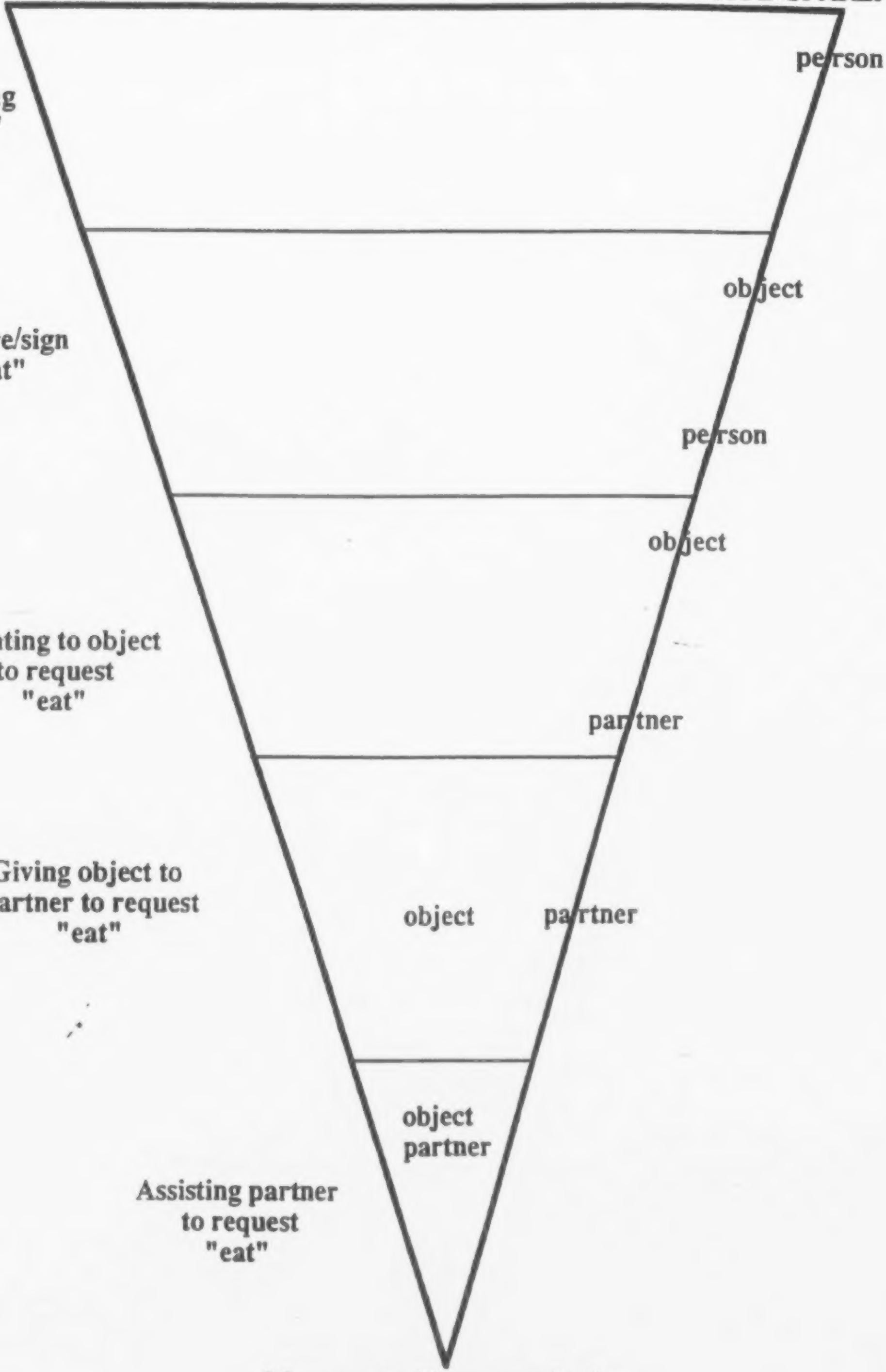
GREETING | CHOICE

ATTENTION | CONTINUATION

AWARENESS | PROTEST/REJECT

STAGES	POTENTIAL FORMS	FUNCTIONS

TRANSPARENCY 11C



Signing
"eat"

person

object

Gesture/sign
"eat"

person

object

Pointing to object
to request
"eat"

partner

Giving object to
partner to request
"eat"

object

partner

object
partner

Assisting partner
to request
"eat"

Movement with communication
partner to request
"eat"

TRANSPARENCY #12
ACTIVITY #5

FORMS OF EXPRESSIVE COMMUNICATION

Directions: **The trainer will demonstrate ten specific forms of communication. Record a check (✓) under the specific form being demonstrated for each trial. You may request the trainer to repeat the example if it was unclear. All trainees will record, individually, what form was communicated by checking the correct column below**

	Vocalization	Eye Gaze	Body Movement	Touch Person	Touch Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use Association Object	Use Pictures	Speech	Signs	Written
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															

TYPES OF COMMUNICATION FUNCTIONS

EARLY FUNCTIONS:

- CALLING OR ACCESSING PEOPLE
- PROTESTING
- REQUESTING CONTINUATION OF AN ACTIVITY ONCE IT IS STARTED AND THEN DISCONTINUED
- REQUESTING FROM A CHOICE OF TWO OBJECTS OR ACTIVITIES

LATER DEVELOPING FUNCTIONS:

- SOCIAL GREETING
- OFFERING OR TRANSFERRING OBJECTS
- REPEATING
- ANSWERING QUESTIONS
- NAMING OR LABELING
- COMMENTING
- REPLYING
- REQUESTING INFORMATION
- ADDITIONAL (JOKING, LYING, CONVINCING, ETC.)

TRANSPARENCY #14
ACTIVITY #6

FORMS & FUNCTIONAL OF EXPRESSIVE COMMUNICATION

Directions: This activity will be demonstrated similarly to the previous one. Only this time, the trainer will demonstrate a form and a clear function. Observe and record both the form and function of each communicative behavior in the column below.

	FORMS														FUNCTIONS				
	Vocalization	Eye Gaze	Body Movement	Touch Person/Object	Touch Person & Object	Extend Real Object	Use Simple Gestures	Point	Use Miniature Object	Use Association Object	Use Pictures	Speech	Signs	Adaptation	Attention/Access People	Protest	Request Continuation	Choice	Other
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

TRANSPARENCY #15
ACTIVITY #7

Expressive Communication Sample (10 Minute)

Name________________________ Observer____________________ Ratio-Adults/Students________ NOTES__________________________

Date________________________ Domain____________________ Setting and Activity____________ __________________________

Level II & III				Level IV				Level V		Level VI	Level VII	Level VIII	Type of Support					Function									Int	Meaning
Body Movement/ Facial Gestures	Touch/Reach	Vocalize/Eye Gaze	Manipulate Person	Extend Object	Point	Gesture	Yes/No	Object Representation	Pictures	One Word (object present)	One Word (object not present)	2 + Utterances	Physical Assist	Imitate	Gesture/Sign	Response	Initiate	Request More	Protest	Request object/action	Repeat	Request Attention	Greeting	Offer/Transfer	Label/Comment	Other		

TRANSPARENCY #16
ACTIVITY #8

ACTIVITY PLAN FORM: TOTAL TASK

I. ACTIVITY: ____

____

II. RATIONALE (What is the reason this activity should be taught?):

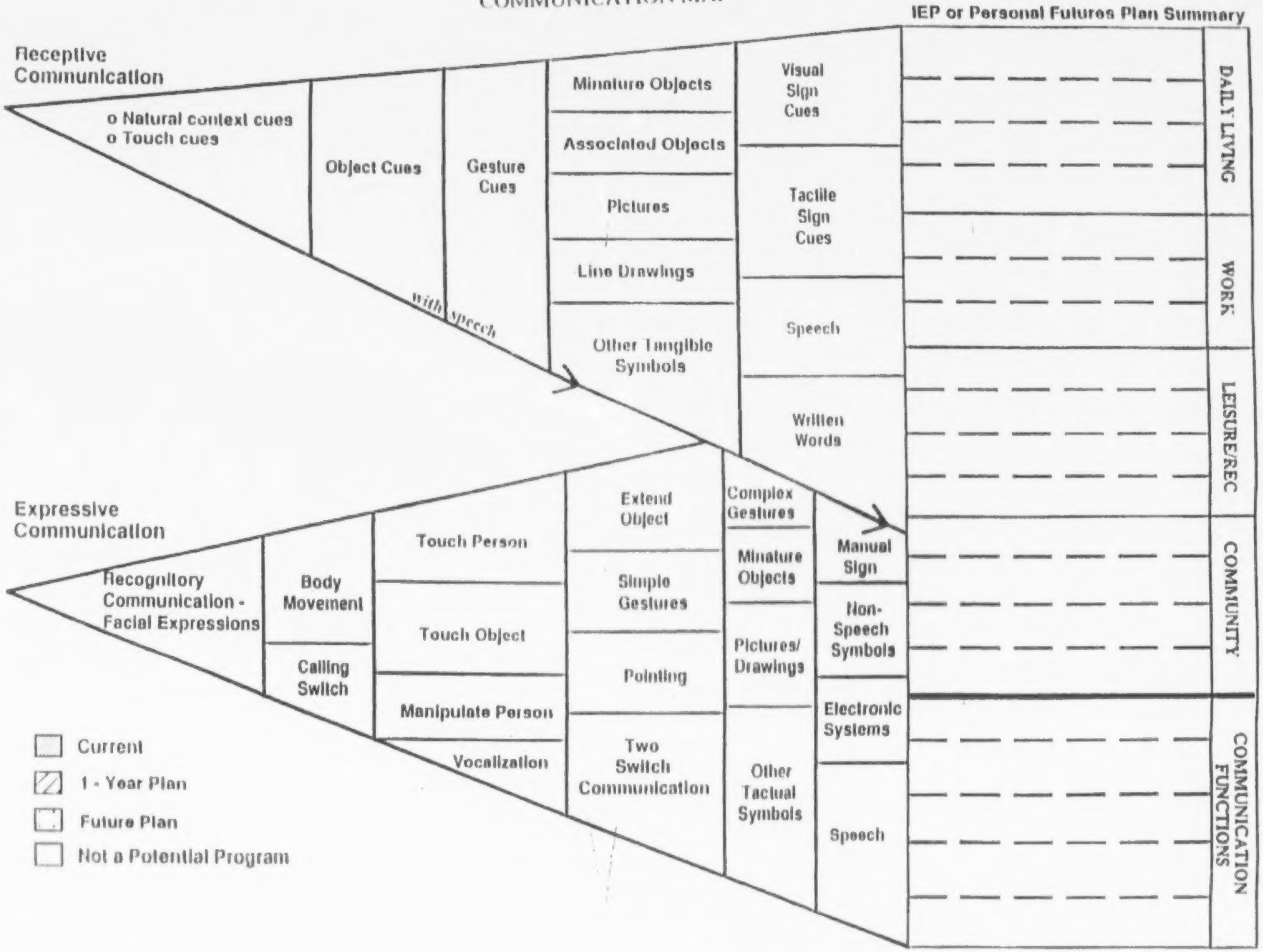
III. MATERIALS NEEDED:

1.
2.
3.
4.
5.

IV. WHAT SKILLS NEED TO TAKE PLACE:

BEFORE ACTIVITY:	DURING ACTIVITY:	AFTER ACTIVITY:
	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	
	11.	
	12.	

COMMUNICATION MAP



IEP or Personal Futures Plan Summary

Receptive Communication

- o Natural context cues
- o Touch cues
- Object Cues
- Gesture Cues
- *with speech*
- Minature Objects
- Associated Objects
- Pictures
- Line Drawings
- Other Tangible Symbols
- Visual Sign Cues
- Tactile Sign Cues
- Speech
- Written Words

Expressive Communication

- Recognitory Communication - Facial Expressions
- Body Movement
- Calling Switch
- Touch Person
- Touch Object
- Manipulate Person
- Vocalization
- Extend Object
- Simple Gestures
- Pointing
- Two Switch Communication
- Complex Gestures
- Minature Objects
- Pictures/ Drawings
- Other Tactual Symbols
- Manual Sign
- Non-Speech Symbols
- Electronic Systems
- Speech

DAILY LIVING

WORK

LEISURE/REC

COMMUNITY

COMMUNICATION FUNCTIONS

☐ Current

▨ 1 - Year Plan

☐ Future Plan

☐ Not a Potential Program

WORKSHOP EVALUATION SCALE[1]

Workshop Name: ____________________ Date: ____________________

Presenter: ____________________

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop snould prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were: ____________________

____

____

The weaker features were: ____________________

____

____

General Comments: ____________________

____

____

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[1] McCallon, E. (unknown). Workshop evaluation scale. Austin, Texas: Learning Concepts.

SXX10

A Model For Transitioning Into A Preschool Program

By:
Theresa Bennett

University of Southern Mississippi
Department of Special Education
Box 5115
Hattiesburg, MS 39406-5115

This module and accompanying videotape were produced under H024A20030, Services for Children who are Deaf-Blind, and H024B20011, The Early Education Program for Children with Multiple Disabilities. The grant was awarded from the Office of Special Education and Rehabilitation, United States Department of Education to the Department of Special Education, University of Southern Mississippi. The information and views presented herein do not necessarily reflect the position or policy of the Office of Special Education, or the University of Southern Mississippi and no official endorsement can be inferred. AA/EOE/ADAI

Appendix D5
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

General Guidelines

The left side of the Workbook contains instructions and the major points to be made during the lecture format. The transparencies that the facilitator uses during the lecture section are included in the Workbook. The facilitator will request discussion throughout some of the sections. It is important for the facilitator to remember that the session should include more time for open discussion, questions and answers, and less time on direct lecture. The facilitator will need to make copies of the transparencies from the pages titled "Transparency." TIPS are also listed throughout the module for open discussion. All pages in the Appendix are reproducible without permission.

The Objectives of this module include:

- to recognize the importance of agency collaboration for the transition from intervention services to preschool,
- to demonstrate an understanding of the laws and how transition is included within these laws, and
- to gain information on structuring the coordination process as recommended for best practice procedures.

The Transition Module was developed to be used as a guideline for assisting families and service providers in planning the movement from home-based services to center-based services. The content of the module emphasizes strategies for families, services providers and related services for planning, coordinating, and collaborating with each other in order to have a smooth and successful transition.

The module is divided into the following sections:

1.0 Introduction and Pre-Post Test

2.0 To be or Not to be: Transition Collaboration - This section discusses the importance of collaboration if transition is going to be successful.

3.0 According to the Law: Part H, Part B, and Head Start - This section describes the documents and how they reflect each other and the process of transition.

4.0 Final Goals: Documenting the Plan of Action - This section provides samples of final goals that would be appropriate to complete the requirements for including transition on the IFSP.

5.0 Plan Ahead: Recommendations for Best Practice - This section identifies how to gather information and recognize the needs for a successful transition process.

6.0 Transition Meeting: Blueprints for Success - This section contains a model that can be utilized to facilitate the Transition Meeting.

7.0 To have or not to have: BARRIERS - This section lists common barriers that are found in interagency coordination, how to recognize those barrier, and strategies for working together for a successful transition.

8.0 Definitions

9.0 Resources and Bibliography

10.0 Appendix

1.0 INTRODUCTION

This module discusses the importance of a coordinated transition and how agencies and families can collaborate to ensure the child receives an appropriate, quality transition.

The family has spent the last three years:
- *problem solving,*
- *searching for support,*
- *searching for assistance,*
- *answering questions,*
- *learning new medical terms, and*
- *trying to maintain a "normal" life in their community and extended family.*

A positive experience with initial transition, particularly the transition to mainstreamed programs, can serve as a prototype for all future transitions between school and agencies (Ziegler, 1985).

Other transitions include: kindergarten to first grade, elementary to junior high, junior high to high school, vocational programming, then job placement.

Factors for planning the transition into a preschool program:

1. *quality - The quality of the transition procedure can be established with time and effort. A quality process will not be developed overnight, but through collaboration and communication, it can be an effective process.*
2. *behavior - The behavior and attitude of the sending program, receiving program, and the family can have a positive or negative, compromising or non-compromising, effect.*
3. *expectations - The expectations that each agency and the family has for the process and outcome of the transition may be different. It is important to identify what level of participation each party has by communicating openly.*
4. *support - There must be support for everyone involved. Transition must be a collaborative effort with everyone involved being an active participant.*

WE all want the child to learn to their greatest potential- but no one desires that as much as the child's FAMILY.

TIP: WE can help as a team player, yet the family is the Referee.

1.0 PRE - POST TEST

Complete the following short answer.

1. *Who might be responsible for coordinating and communicating with the transition team?*

2. *List three persons that might possibly be involved in the transition.*
   a.
   b.
   c.

3. *List three concerns a parent (caregiver) may have about a receiving program (i.e., therapy).*
   ____
   ____
   ____

4. *According to the law, at what age will the referral take place for a child to the local school district?*

5. *List persons that will be involved in writing the Individualized Education Plan?*
   a.
   b.
   c.

6. *What is "turfism"?*

7. *List three components that are required on both the IEP and the IFSP.*
   a.
   b.
   c.

8. *What are three pieces of information the sending program may be able to provide to the receiving program.*
   a.
   b.
   c.

9. *A cohesive transition procedure among agencies can be established:*
   a. by one agency *c. within one year*
   b. through coordination *d. without family input*

10. *If a child is eligible for early intervention services, they are automatically eligible for local education placement.*
    TRUE *FALSE*

2.0 TRANSITION COLLABORATION

> *TIP: The challenge of the transition process is extended from the family and their child to the school and community.*

"How does the transition effect your program and the services you provide?"

Some possible needs of a program may include:

a. Releases for information have to be signed.
b. Information about the student will have to be gathered.
c. Adaptations may have to be made for the receiving school to accommodate the new student.

Transparency #1 A WELL PLANNED TRANSITION

> *TRANSPARENCY #1*
>
> *A WELL PLANNED transition will have a significant impact on:*
>
> - *the child's potential for learning and successful participation in a new learning environment,*
> - *the family's desire and ability to participate as partners in planning their child's ongoing education, and*
> - *the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.*

Transparency #2 COLLABORATION

"How can collaboration or lack of collaboration affect the transition?"

TRANSPARENCY #2

__COLLABORATION__ among all persons who have vested interest in the child's transition promote:

- *correct and appropriate Individual Education Plan (IEP) decisions,*
- *shared understanding of the needs of each person involved,*
- *support and encouragement between the family and agencies,*
- *usable transition goals identified in the IFSP, and*
- *an appropriate preschool environment for the child.*

What is one example of collaboration efforts you practice?

Transparency #3 BEING INTERAGENCY FRIENDLY

TRANSPARENCY #3

Being "__INTERAGENCY FRIENDLY__"

- *eliminates the confusion of "who" will do "what,"*
- *allows the family a clear understanding of the system and how it operates,*
- *prepares each person involved to recognize their level of participation,*
- *allows each person involved to recognize the expectations that other persons have on their level of responsibility,*
- *ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and*
- *eliminates individual concerns.*

Transparency #4 WHAT CAN HAPPEN

A. *If the transition process is __unorganized,__*
   1. *nobody wins,*
   2. *resentment may grow between agencies,*
   3. *an appropriate program plan may not be devised,*
   4. *families will be denied their rights to an appropriate education,*
   5. *the receiving agency may harbor ill feelings toward the child and their family, and*
   6. *families may not receive the encouragement and support they need for their child.*

Transparency #5 WHAT SHOULD HAPPEN

If the transition is organized:

1. *everyone wins,*
2. *collaboration has been effective,*
3. *an appropriate program plan is developed for the child,*
4. *the receiving agency is prepared to meet the needs of the child and their family, and*
5. *families feel comfortable about their child's placement.*

3.0 ACCORDING TO THE LAW

> *TIP: Recognizing the demands, assist in the efforts for cooperation.*

The following section discusses the components of Part H, Part B, and Head Start and the importance of these laws relating to the position and demands placed upon agencies.

These requirements can provide a general sense for maintaining cooperative efforts between agencies.

Transparency #6 PART H vs. PART B vs. Head Start

The Individuals with Disabilities Education Act (IDEA).
The Law States:

TRANSPARENCY #6

PART H	*PART B*	*HEAD START*
WHEN: Amended to IDEA in 1986. Participating states were given five years to put together and implement services.	*WHEN: Enacted in 1975*	*WHEN: 1993*
WHO: Infants and toddlers, birth through two years of age, who have developmental delays or diagnosed conditions known to cause developmental delays, who are determined eligible.	*WHO: Educational services for children and youth three to the age of twenty-one who are eligible for services. Child find and evaluation guidelines for children and youth to 21 years of age.*	*WHO: At least 10% of its enrollment opportunities to children (3-5 yrs) with disabilities who are income eligible (and most in need of services).*

WHAT: Forms an interagency system that supports families through the development and implementation of the Individualized Family Service Plan (IFSP).	*WHAT: Establishes that children with disabilities are entitled to receive a free, appropriate, public education as outlined in the Individualized Education Program (IEP).*	*WHAT: Makes available directly, or in cooperation with other agencies, a full range of services in the least restrictive environment in accordance with an IEP for enrolled children who meet disability eligibility criteria.*

Transparency #7 *INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) AND THE INDIVIDUALIZED EDUCATION PLAN (IEP)*

	THE IFSP and THE IEP	*TRANSPARENCY #7*
IFSP: Individualized Family Service Plan.	*IEP: Individualized Education Plan*	*IEP: Head start*
WHEN: The meeting to develop the initial IFSP must be conducted within 45 days from the date of referral. The IFSP is to be reviewed every six months and annually or more frequently if needed.	*WHEN: The IEP meeting must be held within 30 days of determination of eligibility ruling for special education and related services. IEP's are to be revised at least annually or sooner as appropriate. Reviews can be requested by any member of the IEP committee.*	*WHEN: The IEP meeting must be held within 30 calendar days of a determination that the child needs special education and related services. It is recommended that an IEP is reviewed more than once per year and updated annually.*
WHO: The service coordinator ensures that written notice is provided to the family and other participants, and makes meeting arrangements. The following participants should be included: *a. the parent(s), guardians,* *b. other family members as requested by the family,* *c. an advocate as requested by the family,* *d. the service coordinator for the family,* *e. person(s) directly involved with the assessment, and* *f. as appropriate, person(s) who will be providing services for the child.*	*WHO: The local education agency must develop and implement IEPs for all children with eligibility rulings who are three years of age or older, (or younger than age three if the district has chosen to provide services for 0 - 2 years of age). The following participants are to be included in the IEP meeting:* *a. the parent(s), guardian,* *b. agency (school district representative),* *c. special education teacher,* *d. related services personnel (if applicable), and* *e. others at the discretion of the family or school district.*	*WHO: Every child receiving services in Head Start who has been evaluated and found to have a disability and in need of special education services must have an IEP developed before special education and related services are provided. When Head Start develops the IEP, participants should include:* *a. disability coordinator or a representative who is qualified to provide or supervise the provision of special education,* *b. the child's teacher,* *c. the parents,* *d. related service persons,* *e. the grantee may invite individuals requested by the parents or other individuals at the discretion of the Head Start program, and* *f. a representative from the local school district.*

Transparency #8 ***SIMILARITIES OF THE INFORMATION NEEDED TO COMPLETE THE IFSP AND THE IEP.***

INFORMATION NEEDED FOR THE IFSP AND THE IEP		*TRANSPARENCY #8*
WHAT: The IFSP shall include: *a. present level of development,* *b. family strengths and needs,* *c. major outcomes, criteria, procedures, and timelines to determine progress,* *d. specific early intervention services, including frequency, intensity, and methods of service delivery,* *e. dates for initiation of services and anticipated duration,* *f. steps for transition under IDEA, Part B, and* *g. signatures of all persons present at the meeting.* *The IFSP is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and multidisciplinary team.*	*WHAT: The IEP shall include:* *a. present level of educational performance,* *b. specific special education and other related services that will be provided,* *c. annual goals,* *d. short term instructional objectives,* *e. beginning and ending dates of services,* *f. evaluation procedures and schedules for determining progress, and* *g. participation in regular education, and* *h. listing of all persons present at the meeting.* *The IEP is a document outlining the necessary educational services, as determined by the IEP Committee, to be provided by the school district to meet a child's educational needs.*	*WHAT: The IEP shall include:* *a. a statement of the child's present level of functioning,* *b. a statement of annual goals including short term objectives for meeting the goals,* *c. a statement of services to be provided by each component,* *d. a statement of specific special education services and related services,* *e. personnel responsible for the planning and supervision of services,* *f. beginning and ending dates for services,* *g. evaluation procedures, and* *h. family goals and objectives.*

In what ways are the documents the same?

In what ways are the documents different?

Could agencies combine some of the information to prevent the family from repeating information that is already documented?

A Sample IFSP\IEP is included in the Appendix.

AGENCY RESPONSIBILITY AND SERVICE DELIVERY

Early Intervention Services/Department of Health	*Local Education Agency/Department of Education*
Agency Responsibility: *To coordinate intervention services ensuring adherence to all Part H regulations, providing services for all eligible children, and administering Part H funds.*	*Agency Responsibility:* *Local school districts are responsible for ensuring the provision of services as outlined in the IEP.* *IDEA, Part B does not hold those providing services to the child accountable when the child does not achieve the projected goals and objectives.*
Service Delivery: *The services provided are directly related to the unique needs of the child as identified in a comprehensive evaluation. The service delivery format depends upon the available resources within the family's community and services can be provided through various agencies including Mental Health and private providers.*	*Service Delivery:* *Services are provided in the child's least restrictive environment as determined by the IEP Committee. The local education agency is responsible for ensuring that IEPs are developed and implemented for all children with eligibility rulings according to the Mississippi Department of Education criteria.*

Refer to the sample Referral Form found in the Appendix.

Documentation and timelines are vital components of a transition plan, and these forms should be adapted to fit the needs of the individual agencies.

4.0 DOCUMENTING THE PLAN OF ACTION

The final transition steps should be included on the IFSP when the child turns two years old.

A. *When should Final Transition become a part of the IFSP and how should it be included?*
   final - when the child is between the age of two and three years old.

   One of the goals on the Final Transition Plan includes an on-site visit and a Formal Transition Meeting.

Refer to the Sample IFSP Transition in the Appendix. This section is to document the steps needed for the transition process. Other goals may need to be included within the IFSP to prepare the child and family for transition, yet they will not be written directly on the Transition Section of the IFSP.

What other goals may need to be included on the IFSP to assist the child and the family in preparing for the transition?
- *ordering a wheelchair (if applicable)*
- *getting glasses adjusted*
- *having leg or arm splints adjusted*

What are more goals that may need to be included on the IFSP?

Each goal is outlined clearly with timelines and persons responsible for pursuing each goal.

Refer to the Final Transition Plan in the Appendix.

Final Transition Goals

Each agency can use this form to document specific objectives and timelines for completing the objectives.

- *Some goals may include:*
  - *Contacting placement options*
  - *Completing assessments*
  - *Sending invitation letters.*

5.0 RECOMMENDATIONS FOR BEST PRACTICE

Transparency #9 *RECOMMENDATIONS FOR BEST PRACTICE*

The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN:	*Transition planning should begin no later than six months prior to the child's third birthday.*
WHAT:	*Transition should be:* *A planned procedure involving good collaboration and consistent communication.* *Best practice means the family, child, and other related service personnel develop and implement an appropriate transition.*
HOW:	*Forms, checklists, sample sheets, and suggestions for the use of these sheets are provided throughout the module. These forms are suggestions for maintaining a structured, systematic transition process. (Adaptations should be made as necessary to accommodate agencies, service providers, programs...relative to each district.)*

This is the first transition in most cases that the family will encounter. Intervention and other related services may have been provided through a separate means. Planning for transition must be addressed if the IFSP is really a "FAMILY" service plan.

Refer to the Transition Data Form in the Appendix. This form should be used to begin documentation for transition planning.

Refer to the Transition Calendar Plan Form found in the Appendix.

Transparency #10 TRANSITION CALENDAR PLAN

This form lists steps taken to plan the transition and can be used by all involved in the transition to document timelines.

What other statements may need to be included on this form to satisfy the needs of your agency?

The next section provides forms for recognizing the agencies' and the families' needs.

A. AGENCY NEEDS

Refer to the Transition\Collaboration Checklist in the Appendix.

Once persons are identified on the Transition Data Form, the next step is to recognize the present level of agency collaboration.

OBJECTIVE; To recognize the present procedures used in the transition process and determine a universal system that best suits the needs of the family and the agencies.

1. *Assist in identifying the level of involvement of each agency,*
2. *Identify needs of the receiving program,*
3. *Recognize need for further training and\or assistance,*
4. *Recognize need for further collaboration in areas, and*
5. *Recognize present strengths of agency collaboration.*

Activity # 1 Complete the checklist to the best of your knowledge, the present practice for a transition.

B. FAMILY NEEDS

Refer to the completed Transition Checklist For Parents in the Appendix.

The Transition Checklist For Parents is a tool that can be used to assist the service provider in identifying the needs of the family.

Transparency #11 TRANSITION CHECKLIST FOR PARENTS

The service coordinator should gather appropriate information (or discuss with the receiving program what information they could provide for the family) and share it with the family.

What does the Transition Checklist For Parents do?

1. *Familiarizes the family with new terms,*
2. *Allows the service provider to recognize target areas for transition,*
3. *Assists in developing a strategy for information to be obtained from other sources,*
4. *Ensures the receiving program is aware of the families' level of information concerning the process of transition, and*
5. *Provides the family with pertinent information.*

TIP: Do not offer services that you can not provide

Example: If the service coordinator is unsure about how or if the receiving program has a policy for on-site visits, it should not be stated that they are welcome any time.

6.0 BLUEPRINTS FOR SUCCESS

Transparency #12 *COORDINATING THE TRANSITION MEETING*

TRANSPARENCY #12

COORDINATING THE TRANSITION MEETING

- *Select several times and dates to choose from*
- *inform all members when and where the meeting will be held*
- *provide each person with a list of all persons that will be present at the meeting*
- *ask each member to bring pertinent information and prepare to identify their needs*

INFORMATION TO BE SHARED

- *medical and personal*
- *agency level of participation*
- *procedure for information dissemination*
- *forms that will need to be completed*
- *related services that are anticipated*
- *services options*
- *IFSP goals*
- *projected IEP goals*

**Preschool Students Information Form*

A. *In coordinating this meeting:*
   1. *select two or three dates and times for each member to choose from,*
   2. *inform all members where the meeting will be held,*
   3. *inform all members either by telephone or by mail, who will be present,*
   4. *each member should be prepared to share information concerning the child.*

Example:

The nurse at a receiving school also serves as case manager. Being concerned about the child's physical ability to sit on the floor for group activities, she would bring magazines for the P.T. to choose an appropriate chair.

B. *The following information should be shared:*
   1. *medical and personal information* -
   2. *agency participation*

3. *procedure for information dissemination*
4. *appropriate forms needed*
5. *related services needed by the family*
6. *available services*
7. *Individualized Educational Program (IEP) and Individualized Family Service Plan (IFSP)*
8. *student information - Preschool Information Form is in the Appendix.*

What other information is needed specific to your agency?

> *TIP: The planning and preparation is absolutely necessary for a successful transition.*

Formal Transition Meeting

A. *Formal Transition meeting after placement date has been determined.*

The purpose of this meeting is to allow the participants to gather information. This process is to ensure that future referrals are done in an organized procedure.

* *Other reasons to meet include:*

1. *opportunity to meet other team members*
2. *identify roles*
3. *family concerns*
4. *enables the family to be an active part in the sharing of information about their child*
5. *establishes relationships*
6. *input from related services*
7. *recognize procedures for placement*
8. *develop appropriate IEP goals and objectives*
9. *support and encourage persons involved in the transition*
10. *identify specific needs of the child.*

> *TIP: Placing the child in a program without coordination and planning can lead to mistrust of professionals by the family.*

The following is a sample Agenda for the Meeting.

Agenda Of the Meeting

I. Identify Participants

II. Complete Environment Checklist

III. Identify Daily Schedule

IV. Recommend Adaptations

Some possible questions to address may include:

- *Who has information that would be useful for the assessment and writing the IEP?*
- *As a receiving agency (meaning the program in which the child will be attending) what can I do to help the family plan for school?*
- *Who will answer my questions about the child's needs and abilities?*
- *Who will offer and provide related services that are needed?*
- *Who will inform me as the parent if and when my child will receive related services?*
- *Does the family have information such as shot records and a birth certificate?*

Each person participating in the transition meeting will have information that they need to receive and information they can share with the other members.

I. Identify Participants

Every participant should write down their name, their role in the transition, and a telephone number where they can be contacted (a sample form is located in the Appendix).

The completed list should be maintained in the child's Transition Plan.

II. Environmental Checklist

Refer to the Environmental Checklist in the Appendix.

OBJECTIVE: To assess the environmental construct of the classroom which allows participants to discuss possible adaptations.

A representative from each agency (sending and receiving) and a family member should read and complete the Classroom Environmental Checklist found in the Appendix.

The receiving agency should appropriately answer each question in identifying the classroom arrangement, assistance, and scheduling.

The sending agency and family should assess the information and discuss areas for potential adaptations that need to be addressed.

III. Identify Daily Schedule

OBJECTIVE: To understand the daily schedule of the classroom activities that will allow for necessary adaptations to be made to accommodate the needs of the child without restructuring the classroom activities.

The receiving agency should complete a schedule of the daily routine for the child within their new environment for the sending agency and the family.

IV. Recommend Adaptations

Refer to the completed Schedule Plan Form in the Appendix.

OBJECTIVE: To accommodate the special needs of the individual child by incorporating adaptations into the structure of the class schedule. Everyone has vital information for structuring an appropriate program plan.

Transparency # 13 SCHEDULE PLAN FORM

A representative from each agency and the family should discuss which activities and routines may require support in order for the child to participate.

Transparency #14 *BEST SCENARIO/WORSE SCENARIO*

Best Scenario	*Worse Scenario*
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	*Joey cannot move from center to center without moving tables & chairs.*
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	*The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.*
The teacher and students use gestures and signs to communicate with Brandon.	*No one in the class understands what Brandon is signing.*
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	*Casey sits close to the tape player and begins to bang his head on the floor.*
The teacher places Katy's mat and materials on the lower shelf so Katy can get things independently.	*The teacher must hand Katy items she needs, lowering Katy's independence level.*

7.0 BARRIERS

Once the process for transition and the best practice recommendations have been recognized, it is important to identify some barriers to coordinating and implementing a collaborative transition process.

As documented in the laws, and recognizing the present practice as gathered from the Transition/Collaboration Checklist, there may be some areas of conflict to be resolved.

In almost any given situation, change is inevitable and these changes will create barriers or conflicts. The ability to recognize and discuss barriers reflects the success or failure of the transition process.

TIP: Change is inevitable, growth is optional.

Transition should not be "turfy!"

What does "turfy" mean?

For the purpose of this module, "turfy" is interpreted as a guarding of the agency or program in which we are affiliated.

Transparency #15 TURFISM

TRANSPARENCY #15

"TURFISM"
- *The belief and practice of maintaining one's own ground*
- *resistance to expanding one's ground*
- *being impermeable to other's needs*

LETTING GO OF TURF
- *is not easy*
- *requires understanding*
- *requires trust*
- *allows one to learn from another*
- *assists in collaboration efforts*
- *expresses the desire for communication*
- *demonstrates continuity for the family*

Letting go of "turf":
1. *is not easy,*
2. *requires a general understanding of each other's position during the transition,*
3. *allows us to trust that another person can fulfil certain responsibilities,*
4. *allows us to recognize skills and knowledge that others have that would benefit us,*
5. *expresses to others that you know we are all here for the same reason, to provide quality education for that child, and*
6. *requires not using words like "us", "them", "ours", "theirs".*

How do we let go of those attitudes?
. *de-personalize the problem*
. *recognize the need for other team members*
. *realize the purpose for the transition.*

When communication is open and the message that is being communicated is clearly understood by all of the persons involved, it is important to put the plan in writing.

As each step is focused on by the team, it is imperative that all persons involved feel that they contributed to the process and that their input is valuable.

Transparency #16 **COMMUNICATION**

TRANSPARENCY #16

WAYS TO COMMUNICATE

- *phone, mail, in person*

HOW TO COMMUNICATE

- *ask specific questions*
- *restate information:*
  "what I understand you to say is…"
  "am I correct in saying that…"

- *provide honest, specific answers:*
  "I can't guarantee that Tanya will be in Ms. Dergan's class."

- *provide and request timelines:*
  "Will March 8, which is two weeks from today, be an appropriate target date to complete all of the necessary information?"

  "I will send you the information on her IEP by Thursday of next week."

- *use eye contact*

- *clarify the information*

WHAT TO COMMUNICATE

only necessary information (the fact that Adrian Mill's ex-brother-in-law was once married to a circus clown, is not considered to be relevant to the educational needs of her son).

- *expectations and outcomes*
  "I can't wait to see how Tanya will respond to off-campus activities with her peers."

- *positive reinforcers*
  "That is a wonderful idea to have the children go to the library every Monday for story time."

8.0 DEFINITIONS

***Advocate** - a person who offers practical information and support to families who have children with special needs.*

***Assessment** - the collection and synthesizing of information about a problem. This usually involves more than one person identifying strengths and weaknesses in such areas as: gross motor, fine motor, language, self help, and cognition. (Witt, Elliot, Gresham, Kramer).*

***Case Manager** - a professional who assist the family by coordinating services received by the family and the child. (Resource manual)*

***Disability Coordinator** - coordinates services with other agencies to meet the special needs of children with disabilities who are eligible for Head Start.*

***Early Interventionist** - provide services for the families of children with special needs, usually birth tho three years of age. Assist the family in locating related services. The EI person may assume the role of the case manager if there ins not a case manager assigned.*

***Individualized Education Plan** - (IEP), a written document describing goals, objectives, and procedures, that will be used as a guideline for providing an appropriate education for the child. A child who is receiving services under the age of three will have an Individualized Family Service Plan (IFSP).*

***IFSP** - Individual Family Service Plan is an interagency document acting as a singular plan coordinating all services needed to reach outcomes set by the parents and the multidisciplinary team.*

***Least Restrictive Environment** - the environment in which the child is educated that best allows the child to learn. According to the assessment results, and parental input, placement is made which is deemed to be the most appropriate for the child.*

***Local Education Agency** - persons with the state department of education in each district who are responsible for overseeing the schools within their district.*

***Occupational Therapist** - a person who evaluates the self care, work, play, and leisure skills of people with disabilities. The therapist develops programs to restore*

Physical Therapist - an individual who is responsible for planning, conducting and evaluating a program used to improve circulation, muscle movement and to train or retrain a patient to perform the activities of daily living

Program Developer - the professional who works within the school system who oversees special education services.

Psychometrist - a professional who is licensed and trained to measure the variables such as intelligence, aptitude, behavior and emotional reactions.

Receiving Program - the program or agency that will provide services to children as they turn three years of age.

Related Services - these are services that the child and their family are receiving or may be eligible to receive. This may include: physical therapy, speech therapy, etc.

Screening - a process where abilities are assessed to determine if further assessment is needed.

Service Coordinator - a person who assists and enables a child (eligible for intervention services) and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under the state's early intervention program. (Taken from Interagency Agreement for MS Early Interventionm System under Part H of IDEA, 1994).

Sending Program - the program or agency which has been coordinating and/or providing services to infants and toddlers birth to three years of age.

Speech Pathologist - a professional who assesses the use of speech and language.

9.0 RESOURCES AND BIBLIOGRAPHY

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10.0 APPENDIX

Individualized [illegible]nily Service Plan

Child's Name: ______ DOB: ______ Race: ______ Sex: ______

Address: ______ County: ______

______ Language Used in Home: ______

SSN: ______ Medicaid No: ______ Hlth Ins. Company: ______

Mother's Name: ______

Address: ______ Home Phone: ______

Employer: ______ Work Phone: ______

Father's Name: ______

Address: ______ Home Phone: ______

Employer: ______ Work Phone: ______

Guardian or Other Responsible Person: ______

Home Address: ______ Home Phone: ______

Employer: ______ Work Phone: ______

Service Coordinator: ______

Agency: ______

Address: ______

Telephone: ______

Referred by: ______

Date of Referral ______

Names of Other Household Members

IFSP	Projected Date	Actual Date
Interim IFSP Meeting		
Initial Meeting		
IFSP Review/Revision		
IFSP Review/Revision		
IFSP Review/Revision		
Transition Plan		

Primary Medical Provider: ______

Resident School District: ______

Presenting Concern/Diagnosis

Other Service Providers/Programs	Date Admitted/Initiated

Health Status/Concerns

Mississippi State Department of Health

BEST COPY AVAILABLE

Revised 8-11-94

Form No. 000

Process [illegible] 1: What are the child's present levels of develop[illegible] ?

Childs Name:

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
1. Cognitive					
2. Communication					
3. Social/Emotional					
4. Adaptive Development					

Process S 1 *(continued)*: What are the child's present levels evelopment?

Childs Name: ______________________

Area	Age/Date of Assessment	Assessment Instrument(s) Used	Level/Range/Strengths	Administered by Person, Position, Agency	Comments/Needs
3. Physical					
A. Gross Motor					
B. Fine Motor					
C. Hearing					
D. Vision					
E. Health	293				300

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Process . ,2: Summary of the family's concerns, priorities ai... sources relative to their child's development.

(Completed at parental discretion)

Childs Name: ______________________

Concerns:

Priorities:

Resources:

Mississippi State Department of Health

Revised 8-11-94

Form No. 000

Process S 3: What do you want to accomplish?

Childs Name: ____________________

What do you want to accomplish? *(Major Outcomes/ Long Term Goals)*	**How do we want to accomplish this?** *(Problem Solving Steps) (Short Term Objectives)*	**Who will accomplish this?** *(Person(s) Responsible)*	**How will we know when we have accomplished this?** *(Methods, Procedures, Criteria, Timelines)*	**Targeted Date**	**Estimated Completion Date**	**Date to be Reviewed**	**Achieved/Changed Barriers and/or Comments**

Process S. 4: Which early intervention services will provide v. the child needs?

Childs Name: ____________________

Assistive Technology Devices/Services (AT)
Audiology (AUD)
Family Training (FT)
Health Services (HS)

Medical Services (MS)
Nursing Services (NS)
Nutrition Services (NUT)
Occupational Therapy (OT)

Physical Therapy (PT)
Psychological Services (Psy)
Service Coordination (SC)
Social Work (SW)

Special Instruction (SI)
Speech/Language/Communication (ST)
Transportation (TR)
Vision Services (VS)

Other Early Intervention Services:
____
____
____

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment) (least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments

Process S. -5: What other services are necessary to meet your family's needs in relation to your child's development?

Child's Name: ____________________

Service	Provider *(Name, Position or Title Address and Phone)*	Location *(Natural and Other Environment)* *(least restrictive environment)*	Frequency/Intensity/Duration (no. months per year)	Barriers/ Availability	Parent Approval	Date Started	Date Ended	Payment Arrange-ments

Process S 6: What plans do you have for future services?

Childs Name: ______________________________

Future Service Sites Desired/Considered:	What Changes will be necessary to successfully accommodate the child in desired service setting:

Transition Plan

Projected date of transition: ______________

The Team agreed to the following as the most appropriate future service(s)/placement(s) because of the following reasons/background/information:

Transition Events	Who's Responsible	Where/How	Scheduled Date	Actual Date
Transition Conference				

Signatur ge

Childs Name: ________________________________

Parent(s)/Guardian

☐ Yes, I (we) give permission to implement this plan and to receive early intervention services (except those services marked "NO").

☐ No, I (we) do not give permission to implement this plan.

I (we) have had the opportunity to participate in the development of this IFSP. I (we) have been informed of my (our) rights. I (we) have received a copy of my (our) rights. I (we) understand the plan, and parental rights. I (we) understand any financial obligations or responsibilities that I (we) will bear in implementing this plan.

Signature of Mother	Date	Signature of Father	Date	Signature of Guardian	Date

Other IFSP Meeting Participants:

Signature	Agency/Title	Phone	Date
Signature	Agency/Title	Phone	Date
Signature	Agency/Title	Phone	Date
Signature	Agency/Title	Phone	Date
Signature	Agency/Title	Phone	Date

Comments:

Mississippi State Department of Health

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Revised 8-11-94

Form No. [illegible]

INDIVIDUALIZED EDUCATION PLAN

STUDENT NAME: ______________________________ AGE: __________

Special Education Services (Circle): SC RES REG

SLD EDH
Hearing Impaired Other ____________________

Subject: ______________ Subject: ______________
Subject: ______________ Subject: ______________

Teachers Providing Service(s)

- Special Education Teacher(s)

Regular Classroom Participation
(Subject and amount of time each day)

Related Services

Person/Position Providing Service(s)

Projected Date(s) for Review/Revision of the IEP

Committee Members Present:

Name ____________________ Special Ed. Teacher
Name ____________________ Agency Rep.
Name ____________________ Parent(s)
Name ____________________ Other
Name ____________________ Other
Name ____________________ Other
Name ____________________ Other

Date of Meeting ____________________

A review of the data collected and maintained regarding this child indicates that ____________________ (child's name) does ______ / does not ______ meet criteria for receiving an Extended School Year

---

The IEP Committee recommends that this student will take the following test(s):

____ BSAP (Basic Skills Assessment Program)
____ District Standardized Achievement Test
____ FLE(Functional Literacy Exam)
(See attached list of special accomodations needed)

The IEP Committee recommends that this student will not take the following test(s):

____ BSAP (Basic Skills Assessment Program)
____ District Standardized Achievement Test
____ FLE (Functional Literacy Exam)

GRADUATION:

In order to meet graduation requirements, beginning 9th grade, this student will participate in the following program:

____ Carnegie Unit Program
____ Special Education Diploma Program
(See Attached form)

Students below 8th grade:

____ We, the parents/guardians of this student have been made aware of the options regarding high school graduation.

PARENTAL PERMISSION:

I have received written prior notice for ____ initial placement ____ review/revision. My rights and those of my child regardin procedural safeguards has been fully explained; I understand that my child has a handicap and I know what the handicap is; I hereby give my consent for my child to placed in a special education program based on his/her eligibility determination and his/her individualized education plan.

______________________________ ____/____/____
Parent/Guardian Signature Date of Meeting

OTHER (For components required for students residing in institutions): ______________________________

INDIVIDUAL EDUCATIONAL PLAN

STUDENT'S NAME ______________________ GRADE _____ SCHOOL ______________________

Summary of Present Levels of Performance	Annual Goals:

* *

Short Term Instructional Objectives (STIO)	Beginning and Ending Date	Objective Criteria	Evaluation Procedures	Schedule for determining whether the STIO are being achieved

Short Term Instructional Objectives	Beginning and Ending Date	Objective Criteria and Evaluation Procedures For Short Term Instructional Objectives

TRANSITION/COLLABORATION CHECKLIST

Place a check in the box next to each item as to whether it is being done, or is being considered for a future activity.

Y = Yes N = No O = Not sure P = at the parents request

1. Are children who have eligible rulings being referred for services to the local school? Y N O P
   By who?
2. Are children who do not have eligible rulings being referred for appropriate services? Y N O P
   By who?
3. Are children's records being transferred to the local school/appropriate service agency? Y N O P
   By who?
4. Does the early intervention program assist in the assessment or evaluation of the children? Y N O P
5. While in the early intervention program, are children being ruled eligible for services at the local school or Head Start? Y N O P
   1a. guidelines or Head Start Guidelines
   b. If so, are these children being referred?
6. Does the early intervention staff participate in the IEP meeting? Y N O P
7. Is there a sharing of training events (inservice or staff development) between early intervention, the local school, and Head Start? Y N O P
8. Does the local school/Head Start/Day Care provide an orientation for transitioning early intervention children? Y N O P
9. Does the early intervention program staff visit receiving classrooms? Y N O P
10. Does the early intervention program provide information to schools/Head Start/Day Care/Private...about their services? Y N O P
11. Is there a written or oral Transition agreement between the early intervention program and the school? Y N O P
12. 90 day timelines. Y N O P

FINAL TRANSITION PLAN

Family:____

____________________________ will be three years of age on__________________________.

Date	Plan of Operation	Person Responsible	Target Date	Date Completed
	1.________________________			
	2.________________________			
	3.________________________			
	4.________________________			
	5.________________________			
	6.________________________			
	7.________________________			
	8.________________________			

TRANSITION DATA

Name: ______________________________

Date of Birth: ______________________________

Parent/Caregiver: ______________________________

Address and Phone: ______________________________

____

Date of contact with local school district: ______________________________

Name of contact person: ______________________________

Address and Phone: ______________________________

Date of contact with other service providers: ______________________________

Person contacted (and agency name): ______________________________

Address and Phone: ______________________________

Target date for Pre-Transition Meeting: ______________________________

Releases signed for assessment information: ______________________________

Target date for Transition Meeting: ______________________________

Initial date of Transition: ______________________________

List of Service Providers

Name and Position: ______________________________

Address and Phone: ______________________________

____

Services provided - duration and frequency: ______________________________

____

____

Name and Position: ______________________________

Address and Phone: ______________________________

____

Services provided - duration and frequency: ______________________________

____

____

Identify Team Members

Names and numbers of persons involved in the transition.

NAME	ROLE	PHONE

REFERRAL FOR TRANSITION

DATE:____/____/____

The Infant and Toddler Program in __________________________________ is referring

_____________________________________, (DOB)______________________, for evaluation

and/or educational services.

Name of child:____

Parents (caregivers):__________________________________

Address:____

City, State, Zip:______________________________________

Phone:____

_____ The parents (caregivers) have signed a Release of Records if you want to obtain them from our program

_____ The parents (caregivers) have been notified of this referral.

_____ The parents (caregivers) are interested in a local school placement.

_____ The parents (caregivers) are interested in a Head Start placement.

_____ The parents (caregivers) request homebound services only if their child is ruled eligible.

Transition Checklist For Parents

Name: ______________________________

Child's Name: ______________________________

Child's Date of Birth: ______________________________

County: ______________________________

Date: ______________________________

Do you need more information about or assistance in (write information needed): In the space provided, write any information that you feel would be useful for others at the transition meeting.

1. Preschool special education programs and services in your community? YES NO

____

____

2. Obtaining appropriate related services? YES NO

____

____

3. Your legal rights and responsibilities? YES NO

____

____

4. Education in the least restrictive environment? YES NO

____

____

5. Preparing for your child's assessment? YES NO

____

____

6. Preparing for your child's Individualized Education Program? YES NO

7. Preparing your child for the classroom? YES NO

8. Arranging for visits to the classroom? YES NO

9. Communicating with your child's teacher? YES NO

10. Your involvement in the preschool program? YES NO

11. Other community services? YES NO

12. Are required immunizations up-to-date and records available? YES NO

13. List any other information that would assist you and your family during the transition process.

____

____

____

14. Please identify other persons whom you feel could provide information to a receiving program concerning your child's abilities.

____

____

____

Adapted from Project STIP and Project SFSIS

PRESCHOOL STUDENT INFORMATION FORM

1. Student: ______________________________ Date of Birth: _______________

2. Parent (s): ______________________________ County: _______________

3. School District: ____

4. Anticipated Teacher: ____

5. Year eligible for Preschool: ______________________________________

6. Present Early Intervention Services:

_____ Home Based _____ Center Based _____ Community Based
_____ Speech/Language _____ Physical Therapy _____ Special Education
_____ Occupational Therapy
_____ Other ____________________________

7. Child's strengths:

8. Child's needs:

9. Medical Information:

10. Anticipated services needs:	Level (monitoring, consulting, direct service)
_____ Special Education	____________________________
_____ Speech/Language	____________________________
_____ Physical Therapy	____________________________
_____ Occupational Therapy	____________________________
_____ Other	____________________________

11. Anticipated adaptations (include physical, personnel, instructional)

ENVIRONMENT CHECKLIST

Objective: Recognize the environment of the preschool classroom in order to make adaptations to the rules, structure, and level of participation to accommodate the needs of the child.

1. Physical Arrangement

A. Do children work at tables and/or work centers?	Y	N
1) centers wheelchair accessible?	Y	N
2) tables adjustable for wheelchairs?	Y	N
B. Is the bathroom in the classroom?	Y	N
1). changing table available?	Y	N
C. Do the children often sit on a mat or on the floor?	Y	N

2. Classroom Support

A. Is there adequate support in the classroom?	Y	N
B. Do peers or volunteers visit the classroom?	Y	N

3. Classroom Schedule

A. Do children walk in a single file line?	Y	N
B. Do children have free access to the bathroom and water fountain?	Y	N
1). water fountains accessible?	Y	N
C. Do children manage their own materials? (get own mat, put papers in their cubby or basket)	Y	N
D. Do children get free choice of activities?	Y	N
1). staff support for activities? (i.e. computer assistance)	Y	N

SCHEDULE PLAN FORM

I. MATERIALS NEEDED:

____

____

____

____

____

____

II. PERSON RESPONSIBLE

____

____

____

____

____

____

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

TRANSPARENCIES

A WELL PLANNED transition will have a significant impact on:

* the child's potential for learning and successful participation in a new learning environment,

* the family's desire and ability to participate as partners in planning their child's ongoing education; and

* the ability and willingness of professionals, particularly the receiving school, to accommodate children with special needs.

COLLABORATION among all persons who have a vested interest in the child's transition promotes:

- correct and appropriate Individual Education Plan (IEP) decisions,

- shared understanding of the needs of each person involved,

- support and encouragement from administrators,

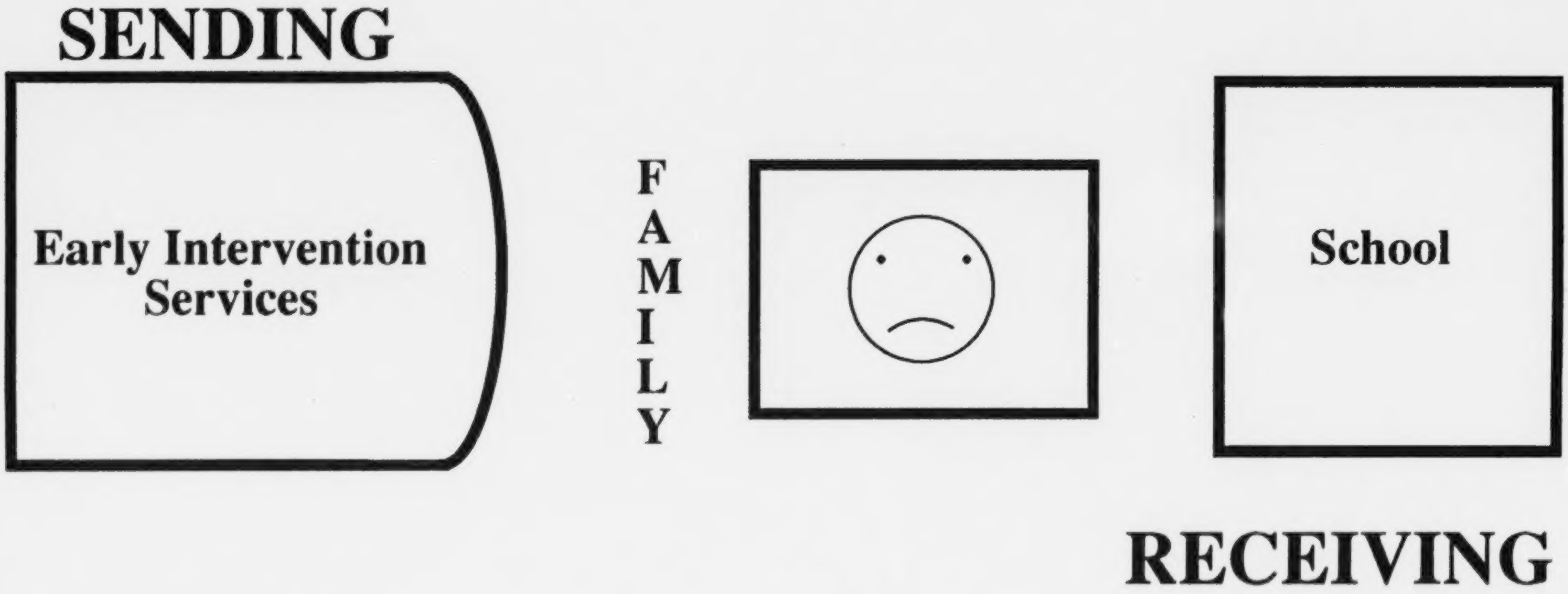
- useable transition goals identified in the IFSP, and

- an appropriate preschool environment for the child.

TRANSPARENCY #6

PART H	**PART B**	**HEAD START**
WHEN: Enacted in 1986.	WHEN: Enacted in 1975.	WHEN: Enacted in 1993
WHO: Birth through 2 years of age with disabilities, who are determined eligible, who have or are diagnosed with a developmental disability.	WHO: 3 through 21 years of age, who are determined eligible.	WHO: Children 3 - 5 who are income eligible.
WHAT: The services they provide include the development and implementation of the Individualized Family Service Plan (IFSP).	WHAT: Children and young adults receive a free and appropriate public education, as outlined in the Individualized Education Plan (IEP).	WHAT: Educational services to children (income) eligible who are three to five years of age, to ensure school readiness.

WHAT CAN HAPPEN



SENDING

Early Intervention
Services

F
A
M
I
L
Y

School

RECEIVING

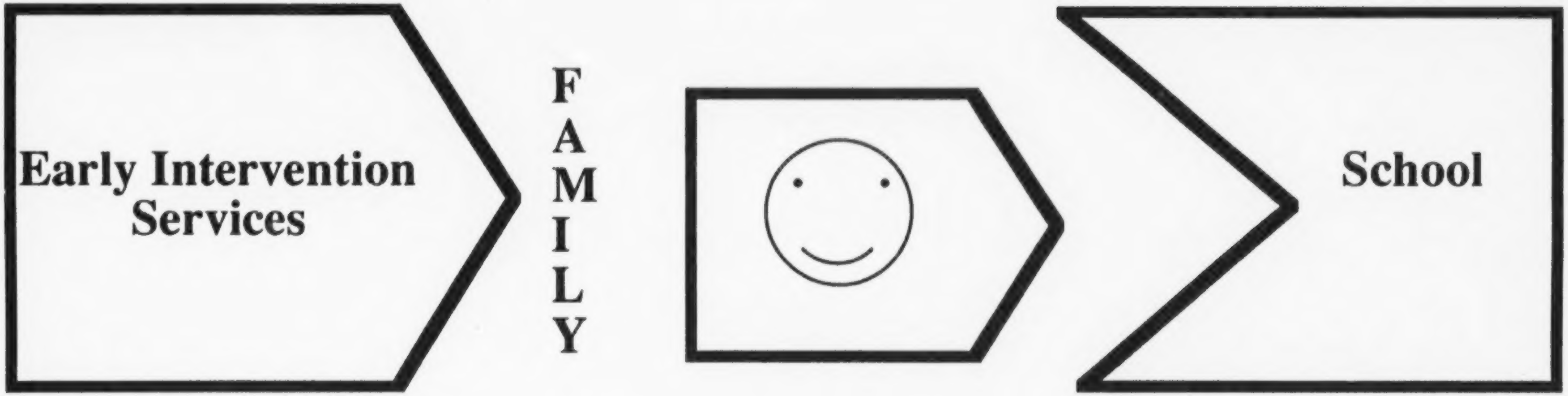
Transparency 4

Being "INTERAGENCY FRIENDLY"

- eliminates the confusion of "who" will do "what",
- allows the family a clear understanding of the system and how it operates,
- prepares each person involved to recognize their level of participation,
- allows each person involved to recognize the expectations that other persons have on their level of responsibility,
- ensures that the child will receive the type, intensity, and quality of services needed (TEEM, 1991), and
- eliminates individual concerns.

WHAT SHOULD HAPPEN

SENDING



Early Intervention Services

FAMILY

School

RECEIVING

INDIVIDUALIZED FAMILY SERVICE PLAN	INDIVIDUALIZED EDUCATION PLAN
WHEN: 45 Days from initial contact, review every six months, or more if necessary.	WHEN: Within 30 days of determination of special education services, reviews every six months or as necessary.
WHO: Conducted by the Service Coordinator. Participants include:	WHO: The local education agency representative from the providing school.
a. The parent(s), guardians,	a. the parent(s), guardian(s),
b. other family members as requested by the family,	b. other family members as requested by the family,
c. an advocate requested by the family,	c. an advocate as requested by the family,
d. the service coordinator,	d. school district representative,
e. person's directly involved in the assessment,	e. special education teacher,
f. as appropriate, person's who will be providing services to the family.	f. as appropriate, related service providers

TRANSPARENCY #8

WHAT: The IFSP shall include:	WHAT: The IEP shall include:
a. present level of development,	a. present level of **educational** performance,
b. family strengths and needs,	b. **specific special** educational and other related services that will be provided (this includes the extent to which regular educational programs are outlined),
c. major outcomes, criteria, procedures and timelines to determine progress,	c. annual goals,
d. specific early intervention services, including frequency, intensity and methods of service delivery,	d. short term instructional objectives,
e. dates for initiation of services and anticipated duration	e. beginning and ending dates for services,
f. steps for transition under IDEA, Part B, and	f. evaluation procedures and schedules for determining progress, and
g. signatures of all persons at the meeting.	g. signatures of all persons at the meeting.

TRANSPARENCY #9

WHO: The Service Coordinator should facilitate the transition in order to provide a quality transition process for the family.

WHEN: Transition planning should begin no later than six months prior to the child's third birthday.

WHAT: The transition process should be a planned procedure which includes specific responsibilities and documented timelines for all persons involved.

HOW:

* Forms
* Checklists
* Documentation
* Written requests

Communication
Collaboration
Cooperation

TRANSITION CALENDAR PLAN

Transparency #10

OBJECTIVE: To plan for an orderly transition recognizing the importance of a collaborative working relationship.

HS = Head Start
SC = Service Coordinator
LEA = Local Education Agency (School)

CHILD: ______________________ DOB: ______________

SERVICE COORDINATOR: ______________________________

PARTICIPATING AGENCY REPRESENTATIVE: ______________________________

1. Received/mailed referral from/to the SC												
2. Sent/received assessment information to/from SC												
3. Family received invitation letter before third birthday												
4. Sent/received invitation letter to/from SC												
5. Phone calls to ensure meeting is planned												
6. On Site visit is scheduled												
7. Parents receive handbook and other information												
8. Transition site is identified												
9. Transition goals are determined (IFSP, IEP if needed)												
10. Staff Development is planned (if needed)												
11. Formal Transition Meeting												

12. ____

13. ____

14. ______________________ will begin at ______________

______________________ on ______________

in ______________________ classroom.

TRANSPARENCY #11

TRANSITION CHECKLIST FOR PARENTS

Name:

Child's Name:

Child's Date of Birth:

County:

Date:

Do you need more information about, or assistance in: (Write information needed)

1. Preschool special education programs and services in your community? YES NO
2. Obtaining appropriate related services? YES NO
3. Your legal rights and responsibilities? YES NO
4. Education in the least restrictive environment? YES NO
5. Preparing for your child's assessment? YES NO
6. Preparing for your child's Individualized Education Program? YES NO
7. Preparing your child for the classroom? YES NO
8. Arranging for visits to the classroom? YES NO
9. Communicating with your child's teacher? YES NO
10. Your involvement in the preschool program? YES NO
11. Other community services? YES NO
12. List any other information that would assist you and your family during the transition process.
13. Please identify other persons whom you feel could provide **information to** a receiving program concerning your child's abilities.

COORDINATING THE TRANSITION MEETING:

- * Select several times and dates to choose from
- * Inform all members when and where the meeting will be held
- * Provide each person with a list of all the persons that will be present at the meeting
- * Ask each member to bring pertinent information and prepare to identify their needs

INFORMATION TO BE SHARED:

- * Medical and personal
- * Agency level of participation
- * Procedure for information dissemination
- * Forms that will need to be completed
- * Related services that are anticipated
- * Services options
- * IFSP goals
- * Projected IEP goals

Preschool Student Information Form

BEST SCENARIO/WORSE SCENARIO

Best Scenario	Worse Scenario
The teacher has physically arranged the classroom to accommodate Joey's wheelchair.	Joey cannot move from center to center without moving tables & chairs.
The teacher is familiar with Shante's hearing aids and explains to the class how they work.	The teacher is not aware that Shante wears hearing aids, she is put in time-out for not listening.
The teacher and students use gestures and signs to communicate with Brandon.	No one in the class understands what Brandon is signing.
The teacher lets Casey sit further away from the tape player since Casey doesn't like loud music.	Casey sits close to the tape player and begins to bang his head on the floor.
The teacher placed Katy's mat and materials on the lower shelf so Katy can get things independently.	The teacher must hand Katy items she needs, lowering Katy's independence level.

TRANSPARENCY #13

SCHEDULE PLAN FORM

I. MATERIALS NEEDED:

II. PERSON RESPONSIBLE

III. ACTIVITY

ACTIVITY	ADAPTATIONS	HOW	TARGET DATE

"TURFISM"

- the belief and practice of maintaining one's own ground;
- resistant to expanding one's ground;
- being impermeable to other's needs.

LETTING GO OF TURF:

* in not easy
* requires understanding
* requires trust
* allows one to learn from another
* assists in collaboration efforts
* expresses the desire for communication
* demonstrates continuity for the family

Ways to communicate:

*phone
*mail
*in person

How to communicate:

*ask specific questions
*restate the information
*provide honest, specific answers
*provide & request timelines
*use eye contact
*clarify information

What to communicate:

*only necessary information
*expectations, outcomes
*positive statements

WORKSHOP EVALUATION SCALE[1]

Workshop Name:　　　　　　Date:

Presenter:

INSTRUCTIONS

To determine whether or not the workshop met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this workshop. Please circle the number which best expresses your reaction to each of the items on the following list. Space is provided for your comments.

EVALUATION CRITERIA

1.	The organization of the workshop was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the workshop were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenter(s) was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The ideas and activities of the workshop were:	Very Interesting 7	6	5	4	3	2	Dull 1
5.	The scope (coverage) was:	Very Adequate 7	6	5	4	3	2	Inadequate 1
6.	My attendance at this workshop should prove:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
7.	Overall, I consider this workshop:	Excellent 7	6	5	4	3	2	Poor 1

8. Do you feel a need for additional information about this topic? 1. Yes 2. No

The stronger features of the workshop were:

The weaker features were:

General Comments:

---

[1] McCallon, E. (unknown). Workshop evaluation scale. Austin, Texas: Learning Concepts.

Embedding Intervention Targets into Caregiving Routines and Other Activities of the Families Choice

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Appendix D6
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

General Directions for the Trainer

The module presents major points to be made during the lecture. The transparencies to be used during the lecture are placed within the text for easy reference. The Trainer needs to make transparencies from the pages titled TRANSPARENCIES to display during the lecture. The Trainer will conduct a number of Trainee activities throughout the session. The activities have been placed within the text for easy reference.

Any portion of this module may be duplicated.

Appendix A contains the Pretest and Posttest answers.

Table of Contents

Introduction
1.0 Addressing Cultural Differences
2.0 Becoming Family Centered
3.0 Identifying Family Choices & Outcomes
4.0 Incorporating Critical Skills into Family Routines
5.0 Systematic Intervention
6.0 Implementing the Model
7.0 Conclusion

OBJECTIVES:

- The participants will identify examples of cultural variability
- The participants will identify their own behaviors related to the inclusion of families in the intervention process.
- The participants will demonstrate positive communication skills by role playing a family situation.
- The participants will demonstrate knowledge and skills in defining the critical features of a child's physical and social environment.
- The participants will demonstrate knowledge in developing functional, integrated goals and objectives across skills and routines/activities.
- The participants will demonstrate an understanding of how to assist families/caregivers to utilize interactional processes throughout all routines and to identify and implement critical skills embedded within the routine.

ACTIVITY #1
Pre-Posttest

Name: ______________________________ Pretest Score ______

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

____

____

____

INTRODUCTION

When providing early intervention services, it is important that we tailor our efforts around the needs and lifestyle of the family as well as the child. By including the family rather than isolating the child, we are more likely to effect lasting changes in the child and to address the specific concerns that brought the family to seek intervention in the first place. The purpose of this module is to assist service providers to consider both cultural and individual differences in families, to incorporate critical skills into the family's daily routine, and to demonstrate methods of interacting with children which promote learning.

1.0 AWARENESS OF CULTURAL DIFFERENCES

For years, early interventionists have been focusing on intervention activities which target helping children to live more independently. These activities vary according to each child's abilities. An interventionist may work on self-feeding, walking, playing and/or communication. Parents are encouraged to become more involved and they are often seen by professionals as the primary informants. However, when professionals work with families, they often overlook the fact that each family holds different values and beliefs. These values and beliefs may not be shared by the professionals working with the family or by people from other cultures. Hanson, Lynch and Wayman (1990) called this a "cultural clash" in service delivery.

To avoid such a clash, it is vital that we learn as much as possible about the cultures of the families we work with. However, it is also very important not to overgeneralize about cultures. It is critical to first be family-focused before making assumptions about a culture.

Some examples of questions a professional may ask to gather more information on a culture are:

- What is the primary language in the household?
- Who are the family members and what are their inter-relationships?
- Who is the primary caregiver?
- Who is the primary medical provider?
- What is the perception of "help-seeking"?
- How does the culture view children with disabilities?
- How is affection shown for each other?
- Are there cultural or religious factors that would shape family perceptions?
- How are holidays celebrated?

As service providers, if we do not observe and understand the communication patterns (both verbal and nonverbal) of our families, our partnership could be damaged.

* Miscommunication can cause a family not to receive necessary services and resources.
* Gestures and statements that a family finds offensive can cause them to be leery of all professionals.

Display **TRANSPARENCY #1**

TRANSPARENCY #1

STRATEGIES FOR COMMUNICATION ACROSS CULTURES

- Observe and determine meaning of nonverbal communication.
- Allow family to speak in native language. (Use interpreter if needed).
- Do not use lengthy statements or professional jargon.
- Learn basic cultural words.
- Avoid body language or gestures that are offensive or that could be misunderstood.
- Attempt to use more visual forms to explain information:
  * Pictures
  * Symbols/Signs
  * Videotapes

In today's society we often acknowledge culture as being the differences between groups (i.e., Caucasian, African American, Hispanic, Native American, etc.). However, we often forget the differences within each group. You are much different than your co-workers and even your friends. Your religion, communication, values, family roles, and behavior can make your culture different from someone else's, but it can also be different from another member of your own group. As service providers, it becomes our responsibility to acknowledge and respect these differences. If we focus on becoming more family centered, we will be less likely to dwell on the things that make us different.

2.0 BECOMING FAMILY CENTERED

There has been a strong and logical trend in the field of early intervention toward providing services that are increasingly family centered. This has evolved along with several related changes in the field.

Display **TRANSPARENCY #2**

TRANSPARENCY #2

MODEL SHIFTS

OLD		NEW
DEFICIT	to identifying	strengths and needs
DISABILITY	to focusing on	capability and possibility
"FIX IT"	to providing	support services
ISOLATED	to teaming	interdisciplinary (or transdisciplinary)
LABELS	to respecting	person first
SEGREGATED LEARNING	to encouraging	peer interaction
PROFESSIONAL DECISION		parental input

- -

ACTIVITY #2
Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

TRANSPARENCY #3
ACTIVITY #2

FAMILY VALUE AND INCLUSION SCALE

1. Explain to each family YOUR role as a service provider.

Never Some of the time Most of the time Always

2. Explain to each family THEIR role.

Never Some of the time Most of the time Always

3. Explain to the family how you feel the intervention is going.

Never Some of the time Most of the time Always

4. Offer ideas to each family for enjoying their child.

Never Some of the time Most of the time Always

5. Use language that the family can understand.

Never Some of the time Most of the time Always

6. Provide the family with accurate information about services.

Never Some of the time Most of the time Always

7. Ask families to identify their wants and needs.

Never Some of the time Most of the time Always

8. Provide the family with a response to their request/needs within a timely manner.

Never Some of the time Most of the time Always

9. Provide honest concise information to the family concerning their child's assessment.

Never Some of the time Most of the time Always

10. Provide honest and concise information concerning their child's progress.

Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

Never Some of the time Most of the time Always

TRANSPARENCY #3
ACTIVITY #2

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

- -

There are many definitions of a family.

TRANSPARENCY #4

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

The trainer should REMEMBER to point out: The definition you use for a family may not be the same definition used by another family.

Family Focusing

What is "family centeredness?" How are you family centered?

Discuss the importance of asking ourselves, "Are we truly family centered?" "Family centered" means more than:

- involving parents in programs,
- providing parents with information and training,
- helping them to become substitute therapists and teachers for their children, and
- having a parent present at an Individualized Family Service Plan (IFSP) meeting to sign forms.

Strategies for becoming truly family sensitive include:

TRANSPARENCY #5

* Accepting the family, and not just the child, as the focus of services

* Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest

* Forming a partnership with each family that is supportive of their needs, desires, and expectations

* Accepting the unique social, moral, and cultural values of each family

* Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk

* Recognizing that their definitions may vary from those that professionals have typically accepted

* Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

At times, as professionals in our field, we over-observe for details which may not necessarily be vital pieces of information.

For instance - Is the yard cut? Is the house clean? Are the children dressed appropriately?

Our role is not to make judgments, but to provide the best services we can to families regardless of their situations. An appreciation of the importance of the family's role, the unique contribution they make, or the constant responsibility they assume in the care of their children may not always be reflected in the professionals' attitudes, policies or practices. (Family Centered Care For Children with Special Health Care Needs. Shelton, Jeppson & Johnson p.4)

It is important to remember that the key to building a family-professional partnership is positive communication.

Communication:
- affects both the family and professional, and
- determines how we will respond to one another.

The family of a child with a disability may be very sensitive to their situation and they expect the professional to be also. When you visit families, have some idea about the diagnosis of the child and the family's situation. This often makes the families feel more open to talk to you since you have shown extra interest in their situation. DON'T TALK BEFORE YOU THINK! Families listen closely to every thing we say. They watch facial expressions, body language, and even listen to our tone of voice.

Below is a list of don'ts and do's in non-verbal communication and verbal communication.

TRANSPARENCY #6

NONVERBAL COMMUNICATION

DON'T	DO
sit away from the family	sit close to the family
sit with your back to the family	sit facing the family
ignore family silence	listen to what the family is not saying
let your eyes roam during the conversation	look each family member in the eyes
carry your body in a way that seems unconcerned	let your posture show attentiveness
let your facial expressions show negativity	let your facial expressions show concern and/or approval
overlook/neglect others present	acknowledge all present
change the home environment	ask if you can change the environment if it is interfering with your task

TRANSPARENCY #7

VERBAL COMMUNICATION

DON'T	DO
• use all professional jargon ex: laws, P.L., abbreviations	• use words a parent can understand
• use words that will degrade the family. **"Watch your tone"**	• change your words to be positive and learn to encourage
• get into a power struggle with the family	• allow family to help make the decisions that will affect them
• change the language of the family	• accept the parents language ex: "affectionate," "confectionate"
• assume you always understand what they're trying to say	• acknowledge and clarify what you've heard
• assume they always understand what you are trying to say	• clarify what you are saying
• expect to say something one time and have the family understand	• repeat the important information over and over
• discuss barriers among professionals with parents	• remain neutral
• Force your time	• Acknowledge a possible need to reschedule

Poor communication can damage the family-professional partnership.

* The family may become afraid of **all** professionals.

* The family may not receive needed resources.

* The child's development may not occur as rapidly as if appropriate services were provided.

ACTIVITY #3

Discuss directions to Activity #3 with the Trainees.

Directions: The Trainer will divide the Trainees into teams. The Trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The Trainer and Trainees will discuss each scenario.

SCENARIOS

- You have been telephoned by a parent asking if it would be convenient to change a Tuesday appointment to Friday so that you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared, and the parents were uninformed.

- You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannounced. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

- You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

- You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

- You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

- You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

- You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in the child's intervention and in making decisions.

One of the most important things for a professional to remember is the key to family participation is being family focused. The family will respond more positively to you and the information you give them if you show concern. You may be the first professional they learn to trust and feel comfortable confiding in. Respect the family's home and surroundings. Give the family direction in the development of their family and child, as well as increasing their awareness of the available resources. Let the family feel that you have included them in all aspects of intervention. A good way to start is by asking families about their schedule of activities on a typical day.

3.0 INCORPORATING CRITICAL SKILLS INTO THE FAMILY'S DAILY ROUTINES

Each family is completely unique, and children ultimately need to adapt to the situations they find in their own families and life settings. No single set of skills will be useful to everyone. For example, a cab driver from New York City might have a hard time operating a farm in rural Mississippi. The skills he has might not be useful in his new environment. Similarly, isolated skills selected from a standardized assessment and taught in an artificial context may be of no use in a particular child's daily life. This is why the "fix 'em and give 'em back" approach is not very helpful.

A more effective approach is to begin with the family rather than the skill. All families have their own reasons for seeking intervention. These reasons vary, but most involve concerns with eating, dressing, bathing, playing or some other family routine. A home-based interventionist has wonderful opportunities to work on skills within the family's existing routines.

Research in normal child development and data from early intervention models and "best practices" show that no infant learns passively in his/her environment. Learning is an active process in which the child's caregivers are the primary teachers and facilitators. The child's temperament, affect, strengths, needs, disabilities, and abilities have the power to affect the family and their interactions. Reciprocally, the family's interactions, affect, resources, support, and competencies have the power to influence the child. The environment also has an impact on both the child and the family.

3.1 Natural Environments

Part H regulations also recognize the importance of the family and the natural environment. The law mandates that, to the extent possible, early intervention should occur in the child's natural environment, whether that be the child's home, day care, inclusive preschool or where the child spends the major part of his/her waking hours. The family and child's natural environment provide a natural context for interactions and learning. The ongoing routines, persons, and objects provide natural opportunities for early intervention activities.

3.2 The Physical Environment

The family and their home should also be respected. There are critical features of our physical environments that have the power to impact each of us in different ways.

ACTIVITY #4

TRANSPARENCY #8
ACTIVITY #4

Determine specific features of the child's environment that could impact the use of certain critical skills. Consider the social as well as the physical environment.

THINK ENVIRONMENT!

EXAMPLE Family keeps 2 neighborhood children in home 3 days a week.	

Which group generated the most features?

This does not imply that, as service providers, we are to make judgement about anyone's physical environments, only that using all features of a family's physical environment can lead to a rich learning experience for the child.

TRANSPARENCY #9 not displayed...use as prompt if necessary

Discussion:

Infants who are "good" babies may sleep a lot and not require attention. These children may be left in their beds for long periods of time. If parents have had other children, stress that many of the same things that they did with their other child/children are wonderful things to do with the child who has a disability. Things like:

- Place the baby in different rooms
- Put clothes on the baby/child, rather than just a diaper
- Place the awake child by the door where he/she can hear people coming and going
- Change the baby's diaper in the same location
- Use kitchen utensils, washcloths, and pieces of wood for toy play if toys are not readily available (Taking toys into the home and then leaving with them is not family centered. Loan toys out to families if they wish.)
- Take the child outside in nice weather
- Have some "floor time" with the baby

Participants are to add other ideas that they have used with families:

* ____
* ____
* ____
* ____
* ____

3.3 The Social Environment

The infant's interactions with persons in his/her environment and other persons' interactions with the infant are defined as the social environment. These interactions are critical for early bonding and attachment. These interactions also form a strong basis for early communication and later language development. A number of variables of infant interaction include the following:

1. Enjoyment
2. Sensitivity to child's interest
3. Sensitivity to state
4. Responsitivity
5. Appropriate stimulation

(Mention TRANSPARENCIES #10-#11)

TRANSPARENCY #9

CHILD'S ACCESS TO

Locations

Other People

Toys

Objects

Clothes

RECEPTIVE COMMUNICATION

Child receives information through:

Natural Context Cues	*Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car
Touch Cues	*Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up". (Always use speech with cues)
Object Cues	*Give the child a spoon to indicate that it is time to "eat"
Gestures	*Nodding yes or no in response. (Always use speech)
Miniature Objects	*Giving the child a miniature T.V. to indicate we are going to watch T.V.
Associated Objects	*Giving the child a coke top to indicate do you want a coke
Pictures	*Showing a picture of the swing to indicate we are going outside
Line Drawings	*Showing a black and white picture of a person drinking to indicate drinking.
Other Tangible Symbols	*Rebus Symbols *Thermoform Symbols
Visual Signs	*Tap together closed fingertips on each hand, to indicate "more"
Tactile Signs	*Sign the letter "t" to indicate toilet in the child's palm
Speech	*Say "Good girl"
Written Words	*Looking at a book
Braille	*Dots formatted to indicate numbers and letters

EXPRESSIVE COMMUNICATION

Child behavior:

Attending To	*Using facial movement or body movement to show awareness of person or object
Eye Gaze	*Child looks at cup to indicate they want a drink
Body Movement	*Child leans head forward or moves body to indicate "more"
Calling Switch	*Child presses calling switch to get attention
Touch Person	*Child touches arm to get attention
Touch object	*Child touches cup to indicate "more drink"
Manipulate Person	*Child reaches for persons' hand who is holding the cup to indicate "more drink"
Vocalization	*Child vocalizes "daaa" for more drink
Extend Object	*Child hands cup to caregiver to indicate "want more drink"
Simple Gestures	*Child nods "yes" for more drink
Pointing	*Child points to cup to indicate more drink
Two Switch	*Child chooses between eat and drink by touching a switch
Complex Gestures	*Child points to cup while nodding "yes" to indicate more drink
Miniature Objects	*Child hands the caregiver a miniature coke to indicate they want a drink
Pictures/Drawings	*Child hands the caregiver a picture of a coke
Tactual Symbols	*
Manual Signs	*Sign the letter "c" with hand and bring to mouth
Non-Speech Symbols	*
Electronic System	*Augmentative Device *Cannon Talker
Speech	*Child says "want more drink"

4.0 THE FAMILY

Family Choices and Outcomes

Families should be involved in the child's assessments to the extent that they wish. Professionals need to share their knowledge with families so that parents and professionals, as a team, can focus on a common vision and functional outcomes for both the family and the child. Often, evaluations may be completed by professionals who will not be working directly with the child and the family. Initial evaluations may not be selected for the individual child and may not adequately cover all of the areas of child development. Service providers who work directly with the child and the family, need to determine with the family **where and how** intervention will occur. The following are examples of outcomes that were developed by families.

TRANSPARENCY #12

- "I would like for my child to be able to eat a cookie."
- "I want my child to attend a regular day care center."
- "I want Shanika to grow up like other children."
- "We would like for Jerica to walk."
- "His dad and I want Alfonzo to play with other kids."

Specific intervention procedures for each of the preceding outcomes will depend on the child's specific physical, cognitive, communication, social-adaptive, and daily life behaviors. Parents should never be told that an outcome is not reasonable. Questions should be asked to determine exactly the parent's desires on a short-term and long-term basis. Service providers need to determine if compensations need to be addressed as long-term goals are being targeted.

4.1 Families As Decision-Makers

Vincent (TASH, 1996) discusses ten major strategies to enhance families as decision-makers.

TEN STRATEGIES TO ENHANCE FAMILIES AS DECISION-MAKERS

- **SET THE STAGE**. The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.
- **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION**. Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.
- **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING**. Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.
- **RESPOND TO THE FAMILY'S VIEW**. Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.
- **LISTEN TO THE PROFESSIONALS' VIEWS**. Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.
- **CONFIRM FAMILY PROFESSIONAL AGREEMENT**. Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.
- **PROVIDE INFORMATION AS TO WHY**. Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.
- **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.
- **DECIDE HOW TO EVALUATE**. The professional needs to solicit ideas from the family and contribute his/her ideas about how to measure progress and discuss progress as a team.
- **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. Ask the family how they would like to proceed; what strategies they think might be effective. (Vincent, TASH 1996).

4.2 Family Involvement

Families are to be involved or participate in the actual intervention to the degree that they wish and when they wish. However, service providers need to share information about learning and generalization with families. Often, we do not know how to do this. Participants will discuss ways in which they have increased family involvement and family decision-making.

5.0 SYSTEMATIC INTERVENTION

5.1 Models of Learning

There are different models of learning that can be utilized. Many early intervention models use a Behavioral-Cognitive approach. Combinations of different approaches may be used for different children. Service providers may be observant and identify that some children learn better with one approach and some children another approach. Whatever model is used, our major job is arranging the environment and using systematic strategies so that the child will progress toward higher levels of functioning.

Participants will discuss different learning models that they have used.

5.2 Types of Training/Teaching

The two primary types of training or teaching any child or student will consist of massed trial or dispersed trial teaching. Decisions of whether to utilize massed or dispersed trials will depend on the specific child and the specific skill being taught. It will also depend on the teaching skills of the service provider. What is critical is that generalization is measured to determine if the skill has generalized across environments, different objects, and different persons.

Each teaching trial should include a specific stimulus. The specific stimulus should be determined in terms of easy-to-difficult, and in terms of the child's specific facilitators and inhibitors. The response that is being targeted should be specifically defined. The teaching procedures may include shaping and fading strategies. The consequence should be natural and functionally related to the child's response. Generalized reinforcers may be used as well.

6.0 IMPLEMENTING THE MODEL

Routines and Activities

Discuss with the family the child's routines and the family's activities. Stress that there will be routines that the child and family enjoys and that there may be some routines that are difficult because of the child's needs and dislikes. If the routine is enjoyable, targeted skills can be embedded into the routine. If the routine is difficult, the routine, or parts of the routine, will be taught. Discuss.

Display **TRANSPARENCY #14**

Display **TRANSPARENCY #15**

Display **TRANSPARENCY #16**

6.1 Interactor Skills/Competencies

How do you, as a service provider, help the family work on objectives (critical skills) at home?

There are generic interactive skills that anyone who interacts with the child should learn to incorporate into all routines and activities. Some of these skills are more natural and automatic for some families and service providers than others. An additional feature should be listed...enjoyment. If service providers do not seem to be enjoying the child, parents will notice.

Display **TRANSPARENCY #17**

EXAMPLES OF INTERACTOR/CHILD SKILLS ACROSS ROUTINES

- **Prepare the child for the activity**

  * putting on hearing aids
  * stretch arm muscles for better reach and grasp
  * putting on a bib

In preparing the child, we always express verbally what is going to take place next. For example: "It's time to brush your teeth."

If object cues are being used as the form of communication, hand the child the toothbrush. This is an association of "when I hold the toothbrush, it is time to go brush my teeth."

How will you prepare the child for the chosen routine?

- Teach the Routine/Activity
- Use the Routine/Activity
- Teach the skill within a Routine
- Support the skill within a Routine

TRANSPARENCY #14

FAMILY'S INTERVENTION PREFERENCES

ROUTINES/ ACTIVITIES	Part of Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work	
	Yes	No	Yes	No	Yes	Minimally	No	On?	Within?
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
________________									
________________									
With siblings									
With adults									
With others									
________________									
________________									

TRANSPARENCY #15

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:________________________

Date:________________________

Teaching Ratings

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Child Behaviors

X = Consistent/Correct
/ = Inconsistent with prompt
O = Incorrect

Generic Interactive Teaching Behavior	Rate	Individual Instructional Conditions	Child Objectives				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Position child							
4. Placement of materials							
5. Special adaptations							
6. Opportunities to communicate							
7. Opportunities to use movement strategies							
8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	____	____	____	____	____	____	____

Additional Objectives:

Routine:

Teaching Strategies:____________________

Additional Adaptations:____________________

TRANSPARENCY #17

INTERACTIONAL PROCESS

Throughout the process:

- ➪ Get the learner's attention (through touch, gestures, or verbal cues)
- ➪ Identify yourself (through auditory, smell, visual, and/or tactile-object cues)
- ➪ Communicate to the learner prior to acting on him or making any changes in the activity
- ➪ Be responsive to any behaviors that the learner may exhibit that may communicate his notice, dislikes, preferences, or choices

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- ➪ Prepare the learner for the specific activity (individualized for each learner)
- ➪ Announce what is about to happen (specific to the learner)
- ➪ Provide correct positioning, handling, or orientation/mobility techniques
- ➪ Place the materials used within the activity in the best location according to the learner's visual and motor skills
- ➪ Provide multiple opportunities for the learner to communicate
- ➪ Use special adaptations if necessary to facilitate active participation in the activity
- ➪ Allow the learner to partially participate in the activity...this does not mean that the learner is just exposed to the activity
- ➪ Provide consistent prompts and cues
- ➪ Wait for responses from the learner
- ➪ Provide appropriate feedback
- ➪ Encourage the interactions of the learner and others (such as siblings, peers, other staff)
- ➪ Announce the termination of the activity (in fact, the learner can assist in the termination activities)

- **Announce what will happen**

  * use touch cues and verbalize "up"
  * "Let's wipe your nose."
  * "We're finished, let's get down."

Announcing what will happen allows the child not to be startled by an intrusive act. If you grabbed a child to take him to brush his teeth, he may protest by crying or even hitting. When this happens we think we have a behavior problem, when really the child was communicating a fear.

How will you announce what will happen in the chosen routine?

- **Handling and Positioning**

  * Is the child positioned in a way that allows and encourages participation?
  * Does the high chair give the right amount of support?
  * Are you positioned where you can provide feedback and assistance?
  * No "W" sitting.

This is a very important part of communication. If a child has difficulty controlling his upper body, we need to make sure that his lower part, the trunk, is in a stable position. An incorrect alignment of the lower body and an incorrect sitting posture can affect the usage of the upper body. The more a child has to struggle to maintain trunk support, the less likely he will be to concentrate on using his upper body.

For example, if we are trying to encourage reaching and grasping to get a toothbrush, we have to make sure that the child's posture allows for reaching.

How should the child be positioned and handled in the chosen routine?

It is also important to remember that the child needs to experience being in different environments.

- **Placement of Material**

  * Is placement of the bottle within the visual field?
  * Is the desired toy within reach?
  * In the chair, can the child reach the cup?

Whether it is a play routine or a feeding routine, it is important that the materials being used in the interaction are placed where the child is able to reach them. It is also important to remember that the child needs the experience of being in different positions. For example, in a side lying position, toys should be placed within reach of the child.

"What do you need to brush your teeth?"

The child may communicate this by eye gaze or reaching and touching the object.

Materials should also be placed with respect to the child's visual field. For example, a child who is hydrocephalic may not be able to turn to the left. Therefore, materials should be shown on the right.

How should the materials be placed in the chosen routine?

- **Special Adaptations**

  * curved spoon
  * large rubber band to help child open the door

Adaptations do not have to be expensive, store-bought equipment. Adaptations are adjustments in the environment that allow the child to participate.

Children with physical disabilities often have a difficult time opening doors. An adaptation which may allow a child to open doors with or without assistance would be to place a large rubberband on the door knob for ease in pulling the door open. Another example is the use of pillows in different positions to help support the child.

What adaptation may be made in the feeding routine?

- **Opportunities to Communicate**
  - Feel the brush and the tape to make a choice "eat" or "music"
  - Choices all day long "milk or juice"
  - Playing dumb - "Where is your cookie?"

This is also a great way to reinforce communication skills for all of the children in the room. Sometimes we do things so automatically, we don't even realize that we've done them. Like tying your shoes--you know that you did because you are wearing your shoes, yet do you remember the actual steps that were made to tie them? We need to remind ourselves throughout the day to take some time and not be so automatic. This will allow for many more opportunities to communicate.

If you always give the child toothpaste, don't. Either let him ask for it or teach him to be more independent and get it himself. Forget to give him a cup to rinse. Ask what he needs before he goes to brush his teeth.

How can you allow more opportunities to communicate in the chosen routine? What are two opportunities to communicate you can do in a bathing routine?

- **Responsiveness**
  - The child reaches for a towel during mealtime, you respond by helping him to wipe the table and verbalizing the action
  - The caregiver acknowledges that the child wants your attention when he reaches out and touches you

Sometimes it is difficult to read the child's cues or always understand his actions. How we respond to his vocalizations or gestures, intentional or not, gives the child a reason to communicate. If we didn't respond, he wouldn't bother. For example, a child may reach for the napkin during snack time. To ensure that the child understands what it is used for, you can take his hand and assist him in wiping his mouth. "You want to wipe your mouth. Good job."

If the child reaches for the knob of the water faucet while you are brushing teeth, how can you respond?

- **Partial Participation**

  * hand over hand assistance to use the spoon
  * child gives puzzle piece to peer
  * assist in dressing

This skill may require some creativity. It may help again to think about how we can teach the child to be as independent as possible. Hand over hand activities allow the child the physically "feel" how that action or movement goes. Regardless of the level of participation, the child also needs to feel a sense of contribution to the activity. It is our position that a child can contribute to any activity when allowed to participate.

In the toothbrushing routine, a child may need physical assistance, hand over hand, to brush his teeth.

How can the child partially participate in a bathing routine?

- **Encourage Peer Interaction**

  * "Would you hand Samuel the truck?"
  * "Bring the garbage can to Vanessa."

Children learn from other children. First, other children must be made aware that a child with disabilities may not play in the same way they play, or eat in the same way they eat.

How we treat the child in the room, how we interact and include the child, will teach the peers in the room how they should interact with and treat the child. If prompts and cues are consistent, appropriate feedback is given, and partial participation is practiced by the adults, the children will practice it also.

In the toothbrushing routine, a peer could assist the child by turning the water on and off, and if appropriate, carrying the child's cup or toothbrush.

How can peers interact with the child in the chosen routine?

- **Provide Consistent Prompts and Cues**

  * "Sit up" touching arms to facilitate movement
  * "Throw it away" tapping the back of his hand to release the object

The most important word of this skill is consistency. The same prompts and cues should be used by everyone who interacts with the child.

An example of a prompt and cue would be touching the child on the bottom lip with the spoon to indicate a bite or feeding. Find a way to communicate to other people who interact with this child how prompts and cues are used.

In the toothbrushing routine, the child should be given the object cue of the toothbrush every time he goes to brush his teeth. If object cues are being used as a communication system, it is important that they are used every time the child is doing a particular activity.

What prompts and cues can be used when going on an outing? If others are involved in this activity, how will they know what cues are being used?

- **Provide Appropriate Feedback**

  * "Good girl"
  * "No, don't throw"
  * "Oh, you want milk"

Feedback is providing the child with a response to the action. Different children respond to different types of feedback. Some children respond by smiling or doing the activity again when they hear you say "good job." Others might respond to a stroke on the arm or the cheek. If the feedback is not desired by the child, he might not want to do it again.

Not all feedback is positive. An example might be an adult saying "No" and signing to a child after they have thrown the toothbrush across the room. Feedback during a toothbrush routine might be, "Good girl, you carried your own toothbrush."

How can feedback be provided in a play routine?

- **Wait**

  * "Do you want juice or milk? WAIT
  * Call his name--WAIT
  * Assist to beat the drum--stop--WAIT

Although this skill seems simple, it is very difficult to practice. When interacting, it is important to have a reason to communicate. This reason may happen if we allow ourselves to slow down and count to five before we respond or communicate for the child. For example, wait for the child to respond. He/she may move his body or vocalize. Use a touch cue or sign if you don't get a response. While playing, rock the child back and forth and back and forth--STOP--WAIT. This allows the child to demonstrate through body movement or vocalizing, etc. that he wants more.

In the toothbrushing routine, if hand over hand assistance is being provided, stop brushing and wait. The child may respond by moving his hand, turning his head, vocalizing for more, or dropping the toothbrush. Waiting allows him time to communicate.

When can we wait in a feeding routine?

- **Terminate the Activity**

  * Assisting child to put toys away
  * Verbalize "Finished"
  * Assist child to sign "Finished"

Children should always be aware that one activity is ending and another is beginning. Structure, especially for children who are vision impaired, is vital for learning.

6.2 Interactor/Child Skills Across Routines

Discuss child outcomes and specific behaviors for different children. An example is provided.

Display **INTERACTIONAL COMPETENCY** videotape

6.3 Instructional Plan Form

Each routine and activity should have a beginning, a middle, and an end, even if a play routine is being targeted. The child can help get the toys and put them away, or participate in these phases in some way. Different instructional plans or lesson plans can be used. The one below is just one example.

Display **TRANSPARENCY #18**

Show **VIDEO EXAMPLES** of Jacob, Danny, Jonathon, Shanta

- -

ACTIVITY #5

Jot down a few ideas for skills that could be worked into this routine.

____
____
____
____

- -

7.0 CONCLUSION

This model of intervention addresses families' perceived needs directly by incorporating skills into routines of their choice. The activities are likely to be carried out consistently, even in the interventionist's absence, because they are of importance to the family and part of ongoing routines. Furthermore, the targeted skills are immediately functional because they are already a part of the child's daily life.

The model is culturally sensitive because it begins with each family's existing schedule and lifestyle without presuppositions as to what is best. It is family centered because skills are targeted flexibly within the contexts that are of concern to caregivers. With this approach, interventionists can provide more meaningful assistance by offering help that is congruent with what the family is seeking.

TRANSPARENCY #18

INSTRUCTIONAL PLAN FORM

STUDENT:______________________________ ACTIVITY:______________________________

TASK	DOES:	SKILL NEEDED	ADAPTATIONS	PEER INTERACTION
BEFORE				
1.				
2.				
3.				
4.				
DURING				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
AFTER				
1.				
2.				
3.				
4.				

Skills to be practicing throughout the day

1.____________________
2.____________________
3.____________________
4.____________________
5.____________________
6.____________________

Signs, gestures to be used throughout the day

1.____________________
2.____________________
3.____________________
4.____________________
5.____________________
6.____________________

ACTIVITY #6
Pre-Posttest

Name:______________________________ Posttest Score __________

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

____

____

____

ACTIVITY #7

Training Evaluation Scale

Workshop Name: ______________________________ Date: ________________
Presenter: ____________________________________

Instructions

To determine whether or not the training met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this training. Please circle the rating which best expresses your evaluation of each of the following:

Evaluation Criteria

1.	The organization of the training was:	Excellent						Poor
		7	6	5	4	3	2	1
2.	The objectives of the training were:	Clearly Evident						Vague
		7	6	5	4	3	2	1
3.	The work of the presenters was:	Excellent						Poor
		7	6	5	4	3	2	1
4.	The schedule of the training was:	Excellent						Poor
		7	6	5	4	3	2	1
5.	Handout information was:	Very Beneficial						No Benefit
		7	6	5	4	3	2	1
6.	Overall, I consider this training:	Excellent						Poor
		7	6	5	4	3	2	1

The stronger features of the training were: ____
____
____
____

The weaker features were: ____
____
____
____

Related topics not covered in this training on which you would like more information: ________
____
____
____
____

ACTIVITY PACKET

ACTIVITY #1
Pre-Posttest

Name:____________________________________ Pretest Score _______

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

   TRUE FALSE

2. A family's silence always means they are listening and understanding.

   TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

   TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

   TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

   ____

   ____

   ____

TRANSPARENCY #1

STRATEGIES FOR COMMUNICATION ACROSS CULTURES

- Observe and determine meaning of nonverbal communication.

- Allow family to speak in native language. (Use interpreter if needed).

- Do not use lengthy statements or professional jargon.

- Learn basic cultural words.

- Avoid body language or gestures that are offensive or that could be misunderstood.

- Attempt to use more visual forms to explain information:
  * Pictures
  *Symbols/Signs
  *Videotapes

TRANSPARENCY #2

MODEL SHIFTS

OLD		NEW
DEFICIT	to identifying . .	strengths and needs
DISABILITY	to focusing on .	capability and possibility
"FIX IT"	to providing . . .	support services
ISOLATED	to teaming	interdisciplinary (or transdisciplinary)
LABELS	to respecting . .	person first
SEGREGATED LEARNING	to encouraging .	peer interaction
PROFESSIONAL DECISION	. . . .	parental input

BEST COPY AVAILABLE

ACTIVITY #2
Family Value and Inclusion Scale

You will now have an opportunity to complete the Family Value Inclusion Scale. This activity is only to give you an indication of how you interact with families, and allows you to identify what areas you could enhance. This is something to keep in mind as we begin our discussion of family involvement.

TRANSPARENCY #3
ACTIVITY #2

FAMILY VALUE AND INCLUSION SCALE

1. Explain to each family YOUR role as a service provider.

   Never   Some of the time   Most of the time   Always

2. Explain to each family THEIR role.

   Never   Some of the time   Most of the time   Always

3. Explain to the family how you feel the intervention is going.

   Never   Some of the time   Most of the time   Always

4. Offer ideas to each family for enjoying their child.

   Never   Some of the time   Most of the time   Always

5. Use language that the family can understand.

   Never   Some of the time   Most of the time   Always

6. Provide the family with accurate information about services.

   Never   Some of the time   Most of the time   Always

7. Ask families to identify their wants and needs.

   Never   Some of the time   Most of the time   Always

8. Provide the family with a response to their request/needs within a timely manner.

   Never   Some of the time   Most of the time   Always

9. Provide honest concise information to the family concerning their child's assessment.

   Never   Some of the time   Most of the time   Always

TRANSPARENCY #3
ACTIVITY #2

10. Provide honest and concise information concerning their child's progress.

Never Some of the time Most of the time Always

11. Provide the family with information to help them explain their child's needs to friends and relatives.

Never Some of the time Most of the time Always

12. Respect the families level of involvement in their decision making process.

Never Some of the time Most of the time Always

13. Assist the family to think about the future.

Never Some of the time Most of the time Always

14. Provide positive reinforcement to the family.

Never Some of the time Most of the time Always

15. Provide information on child growth and development.

Never Some of the time Most of the time Always

16. Provide the family with coping strategies (respite services, parent groups).

Never Some of the time Most of the time Always

17. Be flexible in scheduling appointments.

Never Some of the time Most of the time Always

18. Provide the family with unbiased information.

Never Some of the time Most of the time Always

19. Provide strategies for assisting the family to be involved in making decisions about services.

Never Some of the time Most of the time Always

20. Explain how activities and progress will be documented.

Never Some of the time Most of the time Always

TRANSPARENCY #4

THE MANY DEFINITIONS OF A FAMILY

1. Webster's Dictionary states, "A social unit consisting of parents and the children they rear." 1988

2. A group of individuals who have descended from a common ancestor. (Taber's Cyclopedic Medical Dictionary, 1981)

3. Any two or more related people living in one household. (3rd Edition Child, Family, Community Socialization and Support. Roberta M. Berns. p.638, 1993)

4. An inclusive definition of "family" allows each family to define itself. (Guidelines & Recommended Practices For the Individualized Family Service Plan, 1989)

5. Families can be defined as "Families are big, small, extended, nuclear, multigenerational, with one parent, two parents, and grandparents. We live under one roof or many. A family can be as temporary as a few weeks, as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support....A family is a culture unto itself, with different values and unique ways of realizing its dreams; together our families become the source of our rich cultural heritage and spiritual diversity....Our families create neighborhoods, communities, states and nations. (Guidelines and Recommended Practices For the Individualized Family Service Plan. 2nd Edition. Page 8, 1991)

TRANSPARENCY #5

STRATEGIES FOR BECOMING FAMILY SENSITIVE

* Accepting the family, and not just the child, as the focus of services

* Recognizing and being responsive to the needs and desires of the family by letting them define what is in their own best interest

* Forming a partnership with each family that is supportive of their needs, desires, and expectations

* Accepting the unique social, moral, and cultural values of each family

* Accepting the way the family fits together and the way it affects each of its members, including the infant or toddler who is disabled or at risk

* Recognizing that their definitions may vary from those that professionals have typically accepted

* Working to reform and refine both the existing services and the existing delivery system in response to the expressed needs of the family (Family-Centered Early Intervention with Infants & Toddlers Innovative Cross-Disciplinary Approaches. Brown, Thurman, & Pearl p.306)

TRANSPARENCY #6

NONVERBAL COMMUNICATION

DON'T	DO
• sit away from the family	• sit close to the family
• sit with your back to the family	• sit facing the family
• ignore family silence	• listen to what the family is not saying
• let your eyes roam during the conversation	• look each family member in the eyes
• carry your body in a way that seems unconcerned	• let your posture show attentiveness
• let your facial expressions show negativity	• let your facial expressions show concern and/or approval
• overlook/neglect others present	• acknowledge all present
• change the home environment	• ask if you can change the environment if it is interfering with your task

TRANSPARENCY #7

VERBAL COMMUNICATION

DON'T	DO
use all professional jargon ex: laws, P.L., abbreviations	use words a parent can understand
use words that will degrade the family. **"Watch your tone"**	change your words to be positive and learn to encourage
get into a power struggle with the family	allow family to help make the decisions that will affect them
change the language of the family	accept the parents language ex: "affectionate," "confectionate"
assume you always understand what they're trying to say	acknowledge and clarify what you've heard
assume they always understand what you are trying to say	clarify what you are saying
expect to say something one time and have the family understand	repeat the important information over and over
discuss barriers among professionals with parents	remain neutral
Force your time	Acknowledge a possible need to reschedule

ACTIVITY #3

Directions: The Trainer will divide the Trainees into teams. The Trainer will give each team a scenario to role play. Have each team read the scenario first and then have them turn the situation into a positive one by acting it out. The Trainer and Trainees will discuss each scenario.

SCENARIOS

- You have been telephoned by a parent asking if it would be convenient to change a Tuesday appointment to Friday so that you can meet with the family and another professional they are seeing. You agree to change the appointment. When you arrive at the home, you realize you are about to attend an IFSP meeting. There are other professionals there, you are unprepared, and the parents were uninformed.

- You are presently assessing a child in the home. In the middle of the assessment three other professionals, also working with the family, show up unannounced. During the assessment one professional picks up the child, who is slightly fussing, and takes him outside. One professional uses the telephone while the other begins talking to the mother. You are unaware of who these professionals are.

- You are meeting a family for the first time to see if the child qualifies for your program. You have certain information you need from the family before you leave. The room is very dark and unbelievably cold. You turn on the lights so you can see the child better and turn off the air conditioner so you are more comfortable. Now you need to get the releases signed.

- You have several items you need to cover with the family today. When you arrive at the home, you discover Mother is having a really bad day and the children are fussy.

- You have been working closely with a family for several months now and feel the relationship is good. When you arrive for the visit, the family has something they would like to discuss with you. (1) They feel they are being used by other professionals, and (2) they are upset that they were not informed of a very important meeting concerning their family. The family is upset and saying some very negative things about these professionals. You collaborate with these professionals on a daily basis.

- You have been working with a family for nearly one year. Every time you go to visit the family they are either not at home or you have to hunt the child down at other relatives or at a babysitter's house. You feel like you are repeating yourself to each adult and you are not making progress.

- You are seeing a child who has very young parents. They are often intimidated by the things you say and do. You have been unsuccessful in getting the parents involved in the child's intervention and in making decisions.

TRANSPARENCY #8

ACTIVITY #4

Determine specific features of the child's environment that could impact the use of certain critical skills. Consider the social as well as the physical environment.

THINK ENVIRONMENT!

EXAMPLE Family keeps 2 neighborhood children in home 3 days a week.	

Which group generated the most features?

TRANSPARENCY #9

CHILD'S ACCESS TO

Locations

Other People

Toys

Objects

Clothes

RECEPTIVE COMMUNICATION

Child receives information through:

Natural Context Cues	*Non-speech signals, such as hearing caregiver pick up car keys indicating a ride in the car
Touch Cues	*Using both hands, palm open, gently swipe from elbow upward to shoulder to indicate "up". (Always use speech with cues)
Object Cues	*Give the child a spoon to indicate that it is time to "eat"
Gestures	*Nodding yes or no in response. (Always use speech)
Miniature Objects	*Giving the child a miniature T.V. to indicate we are going to watch T.V.
Associated Objects	*Giving the child a coke top to indicate do you want a coke
Pictures	*Showing a picture of the swing to indicate we are going outside
Line Drawings	*Showing a black and white picture of a person drinking to indicate drinking.
Other Tangible Symbols	*Rebus Symbols *Thermoform Symbols
Visual Signs	*Tap together closed fingertips on each hand, to indicate "more"
Tactile Signs	*Sign the letter "t" to indicate toilet in the child's palm
Speech	*Say "Good girl"
Written Words	*Looking at a book
Braille	*Dots formatted to indicate numbers and letters

TRANSPARENCY #11

EXPRESSIVE COMMUNICATION

Child behavior:

Attending To	*Using facial movement or body movement to show awareness of person or object
Eye Gaze	*Child looks at cup to indicate they want a drink
Body Movement	*Child leans head forward or moves body to indicate "more"
Calling Switch	*Child presses calling switch to get attention
Touch Person	*Child touches arm to get attention
Touch object	*Child touches cup to indicate "more drink"
Manipulate Person	*Child reaches for persons' hand who is holding the cup to indicate "more drink"
Vocalization	*Child vocalizes "daaa" for more drink
Extend Object	*Child hands cup to caregiver to indicate "want more drink"
Simple Gestures	*Child nods "yes" for more drink
Pointing	*Child points to cup to indicate more drink
Two Switch	*Child chooses between eat and drink by touching a switch
Complex Gestures	*Child points to cup while nodding "yes" to indicate more drink
Miniature Objects	*Child hands the caregiver a miniature coke to indicate they want a drink
Pictures/Drawings	*Child hands the caregiver a picture of a coke
Tactual Symbols	*
Manual Signs	*Sign the letter "c" with hand and bring to mouth
Non-Speech Symbols	*
Electronic System	*Augmentative Device *Cannon Talker
Speech	*Child says "want more drink"

FAMILY CHOSEN OUTCOMES

- "I would like for my child to be able to eat a cookie."
- "I want my child to attend a regular day care center."
- "I want Shanika to grow up like other children."
- "We would like for Jerica to walk."
- "His dad and I want Alfonzo to play with other kids."

TEN STRATEGIES TO ENHANCE FAMILIES AS DECISION-MAKERS

- **SET THE STAGE**. The professional needs to put everyone at ease and in the same frame of mind about the purpose of the meeting. He/she needs to make sure everyone knows each other and why each person is present. Expand explanations of the role of each person.
- **LISTEN TO THE FAMILY'S VIEW OF THEIR SITUATION**. Start the discussion by finding out from the family how they see the child and what their concerns are for the child and the family as a whole.
- **ACKNOWLEDGE WHAT THE FAMILY IS ALREADY DOING**. Professionals need to recognize the efforts the family is making to meet their child's needs. The family's success so far needs to be recognized.
- **RESPOND TO THE FAMILY'S VIEW**. Professionals need to respond to concerns raised by the family and to the family's sketch of the child. Everyday language needs to be used so that people from different disciplines understand each other, as well as the family understanding.
- **LISTEN TO THE PROFESSIONALS' VIEWS**. Professionals need to share with the family their view of the situation. Professionals need a chance to raise any concerns they have based on interacting with the child and the family. Again, everyday language is essential.
- **CONFIRM FAMILY PROFESSIONAL AGREEMENT**. Professionals need to confirm where they and families are seeing the same things. They need to point out that where differences are seen, it is likely to be because of differences in the situation and the different relationships that the family has with the child. Both views are correct for the particular situation observed. Professionals need to acknowledge that because families see the child in so many more situations, they have a broader view of what the child can do.
- **PROVIDE INFORMATION AS TO WHY**. Professionals need to describe why skills or issues with which they are concerned are important. They need to use everyday language to describe how their concerns relate to the child's natural, home environment.
- **SYNTHESIZE THE DISCUSSION AND SELECT OUTCOMES.** Periodically, the professional needs to review what has been discussed and put the concerns into desired outcomes and goals. The family needs to be involved in expressing whether the goals match what they meant and are stated in ways that make sense to them.
- **DECIDE HOW TO EVALUATE**. The professional needs to solicit ideas from the family and contribute his/her ideas about how to measure progress and discuss progress as a team.
- **FOCUS ON A SHARED VISION.** Professionals and family need to discuss how goals can be worked on at home, in the neighborhood, at day care, etc. Focus needs to be on the common mission we have as families and professionals. Ask the family how they would like to proceed; what strategies they think might be effective. (Vincent, TASH 1996).

- Teach the Routine/Activity
- Use the Routine/Activity
- Teach the skill within a Routine
- Support the skill within a Routine

TRANSPARENCY #14

FAMILY'S INTERVENTION PREFERENCES

ROUTINES/ ACTIVITIES	Part of Routine?		Does Child Enjoy It?		Does Child Participate?			Is It A Good Routine to Work	
	Yes	No	Yes	No	Yes	Minimally	No	On?	Within?
Dressing/Undressing									
Grooming									
Feeding/Eating									
Bathing									
Play time									
Story time									
Outside									
Games (list)									
____________									
____________									
With siblings									
With adults									
With others									
____________									
____________									

TRANSPARENCY #15

TRANSPARENCY #16

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:______________________________

Date:_______________________________

Teaching Ratings

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Child Behaviors

X = Consistent/Correct
/ = Inconsistent with prompt
O = Incorrect

Generic Interactive Teaching Behavior	Rate	Individual Instructional Conditions	Child Objectives				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Position child							
4. Placement of materials							
5. Special adaptations							
6. Opportunities to communicate							
7. Opportunities to use movement strategies							
8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	____	____	____	____	____	____	____

Additional Objectives:

Routine:

Teaching Strategies:________________________

Additional Adaptations:________________________

TRANSPARENCY #16

INTERACTOR/CHILD SKILLS ACROSS ROUTINES

Name:______________________________

Date:______________________________

Teaching Ratings

0 = Never occurs
1 = Occurs occasionally
2 = Occurs frequently

Child Behaviors

X = Consistent/Correct
/ = Inconsistent with prompt
O = Incorrect

Generic Interactive Teaching Behavior	**Rate**	**Individual Instructional Conditions**	**Child Objectives**				
1. Prepare child for the activity							
2. Announce who and what will happen							
3. Position child							
4. Placement of materials							
5. Special adaptations							
6. Opportunities to communicate							
7. Opportunities to use movement strategies							
8. Opportunities for partial participation							
9. Opportunities for sibling/ peer interaction							
10. Provide consistent prompts/cues							
11. Provide appropriate feedback							
12. Wait							
13. Termination							
Score	____	____	____	____	____	____	____

Additional Objectives:

Routine:

Teaching Strategies:______________________________

Additional Adaptations:______________________________

INTERACTIONAL PROCESS

TRANSPARENCY #17

Throughout the process:

- ➪ Get the learner's attention (through touch, gestures, or verbal cues)
- ➪ Identify yourself (through auditory, smell, visual, and/or tactile-object cues)
- ➪ Communicate to the learner prior to acting on him or making any changes in the activity
- ➪ Be responsive to any behaviors that the learner may exhibit that may communicate his notice, dislikes, preferences, or choices

---

- ➪ Prepare the learner for the specific activity (individualized for each learner)
- ➪ Announce what is about to happen (specific to the learner)
- ➪ Provide correct positioning, handling, or orientation/mobility techniques
- ➪ Place the materials used within the activity in the best location according to the learner's visual and motor skills
- ➪ Provide multiple opportunities for the learner to communicate
- ➪ Use special adaptations if necessary to facilitate active participation in the activity
- ➪ Allow the learner to partially participate in the activity...this does not mean that the learner is just exposed to the activity
- ➪ Provide consistent prompts and cues
- ➪ Wait for responses from the learner
- ➪ Provide appropriate feedback
- ➪ Encourage the interactions of the learner and others (such as siblings, peers, other staff)
- ➪ Announce the termination of the activity (in fact, the learner can assist in the termination activities)

TRANSPARENCY #18

INSTRUCTIONAL PLAN FORM

STUDENT:________________________ ACTIVITY:________________________

TASK	DOES:	SKILL NEEDED	ADAPTATIONS	PEER INTERACTION
BEFORE				
1.				
2.				
3.				
4.				
DURING				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
AFTER				
1.				
2.				
3.				
4.				

Skills to be practicing throughout the day

1.________________
2.________________
3.________________
4.________________
5.________________
6.________________

Signs, gestures to be used throughout the day

1.________________
2.________________
3.________________
4.________________
5.________________
6.________________

ACTIVITY #5

Jot down a few ideas for skills that could be worked into this routine.

ACTIVITY #6
Pre-Posttest

Name:____ Posttest Score ___________

1. It is okay for a professional to inform a parent of the barriers found in another professional before the family goes on the visit.

TRUE FALSE

2. A family's silence always means they are listening and understanding.

TRUE FALSE

3. The way a professional carries his/her body can tell a family if he/she is attentive or concerned about the family's needs.

TRUE FALSE

4. Name three generic interactor competencies.

5. After an assessment, interventionists should tell caregivers what skills they will be working on.

TRUE FALSE

6. List three ways a family can work on the child's reach/grasp at home.

____

____

____

ACTIVITY #7

Training Evaluation Scale

Workshop Name:______________________________ Date:________________

Presenter:__________________________________

Instructions

To determine whether or not the training met your needs and our objectives, we would like for you to give us your honest opinion on the design, presentation, and value of this training. Please circle the rating which best expresses your evaluation of each of the following:

Evaluation Criteria

1.	The organization of the training was:	Excellent 7	6	5	4	3	2	Poor 1
2.	The objectives of the training were:	Clearly Evident 7	6	5	4	3	2	Vague 1
3.	The work of the presenters was:	Excellent 7	6	5	4	3	2	Poor 1
4.	The schedule of the training was:	Excellent 7	6	5	4	3	2	Poor 1
5.	Handout information was:	Very Beneficial 7	6	5	4	3	2	No Benefit 1
6.	Overall, I consider this training:	Excellent 7	6	5	4	3	2	Poor 1

The stronger features of the training were:____

____

____

____

The weaker features were:____

____

____

____

Related topics not covered in this training on which you would like more information:__________

____

____

____

____

Appendix D7

The Early Education Progrm for Children with Multiple Disabilities (Videotape)

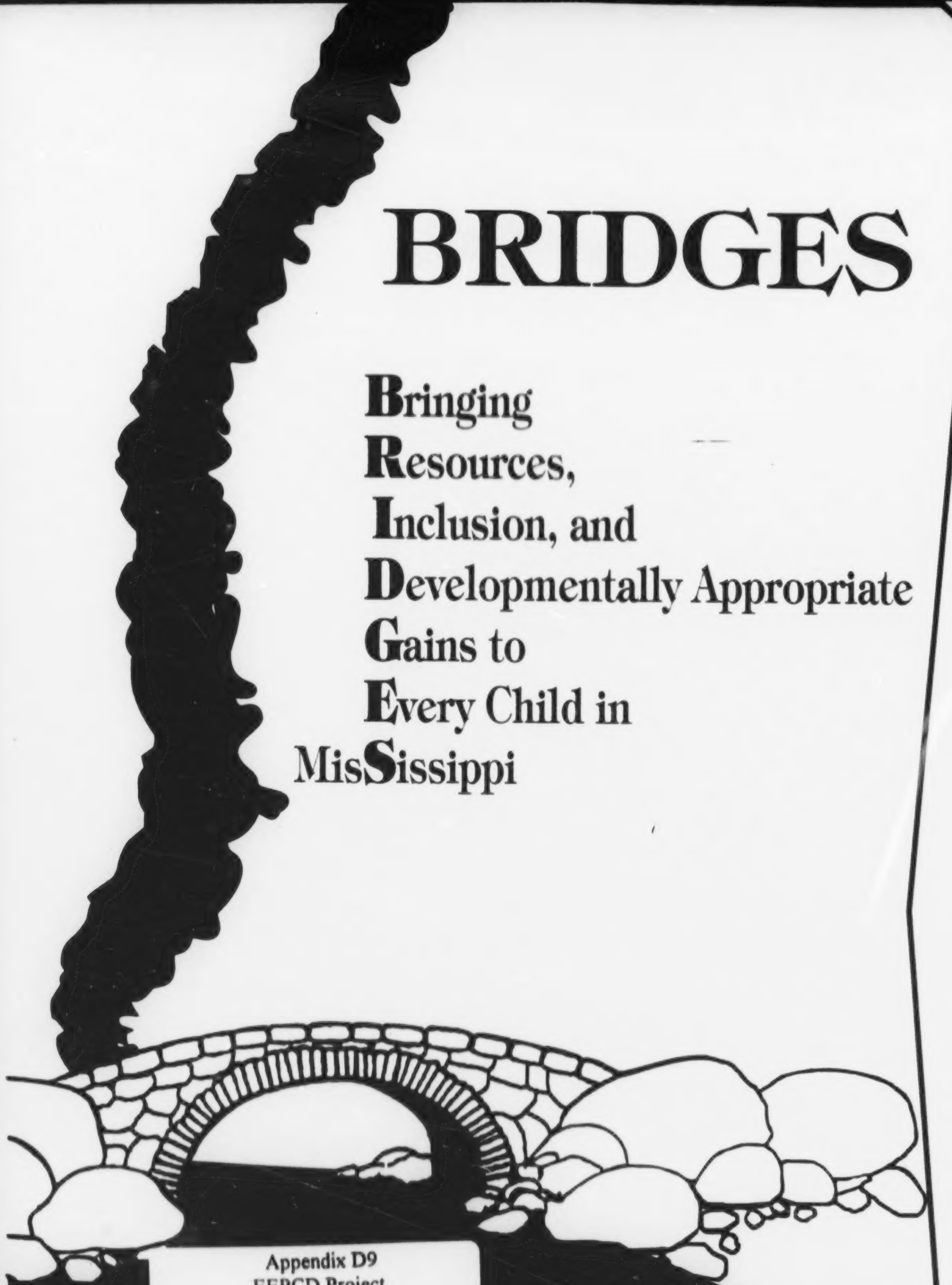
Appendix D8
EEPCD Project
Grant # H024B200011
University of Southern Mississippi

Mississippi Services for Children and Young Adults with Deaf-Blindness

Invit [illegible]

www.msdb.org

- **Priorities and Mission Statement**
- **Informational *Focus Flyer***
- **Module: Embedding Critical Skills**
  (Developed through Early Education Grant #H024B200011)
- **Advisory Board and Staff**
- **Activities and Resources**
- **Online Resources**



BRIDGES

Bringing
Resources,
Inclusion, and
Developmentally Appropriate
Gains to
Every Child in
Mis**S**issippi

Appendix D9
EEPCD Project
Grant # H024B20011
University of Southern Mississippi

Do you want to help children start school with the best foundation possible, regardless of individual characteristics or environment?

THEN, THIS GUIDE IS FOR YOU!

It is written especially for parents, caregivers, and teachers of children birth through five years of age.

HOW TO USE THIS GUIDE

This guide covers topics relating to young children, ranging from creative arts to health and nutrition to positive scipline. It also includes statistics about Mississippi's children and where to turn for help. In a guide of this size, it is npossible to include all of the current information on a given topic. Therefore, the information is presented concisely d additional resources on each topic are included in a separate document. An effort was made to provide information that is relevant and important for the development of all children regardless of their individual characteristics and environments. Throughout the guide, the singular use of male and female (he/she) is alternated for ease of reading. ***This is a guide for all children, all families, and all teachers.***

BELIEF STATEMENT

The BRIDGES Team, a strong example of true collaboration and diverse expertise at work, compiled this information for parents, caregivers, and teachers of all children ages birth through five years of age. The BRIDGES Team holds dear the value and potential of each Mississippi child respectful of that child's cultural or ethnic background, strengths, or needs. The BRIDGES Team also believes in the positive impact that parents, caregivers, and teachers can have on these children's futures when given practical information, resources, and strategies. Respect, dignity, and sensitivity are deserved and needed by all children to realize their unique potentials.

RESPECTING INDIVIDUAL DIFFERENCES

It is important to recognize that all people have diverse experiences in life. Taking advantage of this in the educational context means that we must make a special effort to understand and value human differences as well as similarities. As we increase our awareness of the impact our own culture has had on us, we can often better understand others with whom we come in contact...colleagues, community acquaintances, and the families of the children we teach and care for.

Our educational and home settings should truly celebrate the options and choices that support children in understanding and appreciating the beauty of individual differences. The environments in which children spend their time should reflect each child's background and celebrate diversity.

As you come to know any child, you will discover her background has had an impact on her, creating individual differences and qualities of uniqueness. Respecting every child's individual characteristics will help to foster self-esteem among all of the children.

IDEAS FOR PRESCHOOL LEARNING EXPERIENCES

Since the whole world is new to young children, anything can become a learning experience. As adults, we need to be creative in using naturally occurring opportunities to teach children. The more children have experienced and had explained to them before beginning school, the greater their foundation for learning will be.

Whether you are a parent or teacher, you can use the ideas below as a springboard to generate a limitless number of possibilities for preschool learning experiences. It is important to keep in mind that by following the child's interests and comments, providing information and comparisons, and sparking further questions, you can help foster the child's lifelong love of learning.

- Plant a vegetable garden. Talk about the names of the different vegetables, show the child the pictures on the seed packets, describe how each will look and taste when it is ready to be picked. Tell the child how plants need sun and water and how long it will take the vegetables to grow. Periodically, encourage the child to check on the growing vegetables.

- Have the child help you pack a suitcase for a trip. Talk about where you are going, what the weather will be like, and what clothes you will need. Ask the child to bring you certain items from around the house (this can be a real or pretend activity).

- Take the child to a fast food restaurant and have him order his own meal. Allow him to pay and get the change. Explain what is happening throughout the process, for example by saying, "Now we have to give the lady our money so we can get the food." Take photographs during trips or play and look at them together at home. Let the child talk about the photos and write captions as you put them into a book. Encourage the child to re-live the event by acting out and pretending parts such as eating in the restaurant or buying groceries.

☞

- ☆ Go outside and run, jump, gallop, kick, throw, catch, climb, and swing together. When you get tired, organize a search for a specific type of leaf, rock, or bug. Play "Simon Says," "Mother May I," or "Red Light - Green Light."

- ☆ Ask the child to help you cook a meal. First, talk about what items you will need and have the child help gather them. Then, describe each step to be done and allow the child to do the parts he is able to, either with or without assistance. Afterwards, you can sit down and enjoy a treat you'll both be proud of.

- ☆ Make up songs and dance and act silly with different things from around the house. For example, grab a pillow to put on your head, change your voice, and dance around singing, "I'm Mr. Pig, I have a big old wig. Come look at me while I do the jig." You may feel foolish at first, but your child is sure to laugh and join in, and it will do wonders for his imagination.

EMOTIONS AND TEMPERAMENT

From birth, babies differ in responsiveness to others, patterns of physical activity, and emotional states. These characteristics make up each child's basic temperament. Babies can be generally easy, difficult, or slow-to-warm-up in new situations. Regardless of these traits, all children need consistent and nurturing care throughout infancy and early childhood in order to become trusting, confident, and responsible adults.

Infants

Infants need prompt and regular responses to their needs. Answering an infant's cries will not spoil her, but will help her to develop trust, empathy, and a sense of security about the world. Infants will often cry less once they realize that their cries will bring consistent care and comforting. Freed from constant worry, they are more likely to be satisfied and playful between times of need for diapering, feeding, and cuddling.

Toddlers

Toddlers should be encouraged to explore new surroundings during brief periods of separation from the primary caregiver. Secure toddlers will venture away and come or look frequently to be sure that their caregiver has not abandoned them. When this process brings repeated positive experiences, the toddler continues to grow in independence and self-confidence. It is important that all children have opportunities of this type. If a child of this age is not mobile, then it is up to the caregiver to provide for these brief periods of separation. By setting up an area for the child to explore and checking with the child periodically, the adult provides an adapted experience to promote independence.

Preschoolers

Preschoolers should have many opportunities for both individual and group play. A preschooler's developing imagination can be supported through activities that encourage dramatic play. Such pretending will help the child learn to be self-assured in taking the initiative in a variety of situations. Through group dramatic play, the child can also learn to be sensitive to others, to act as both a leader and a follower, to negotiate and compromise, and to practice different strategies to accomplish goals.

Kindergartners

Most children have finished developing the core of their emotional and social selves by the age of eight years. High priorities in kindergarten, therefore, are for children to develop positive self-esteem and appropriate social behaviors. Children who lack self confidence and a sense of competency often have a difficult time relating to others in positive ways. They may be aggressive towards others or they may seem withdrawn. In kindergarten, they may find it difficult to make friends and focus on the intellectual tasks introduced if they do not have a sense of self confidence. A lack of self confidence can be carried throughout the school years and influence later learning and development. Therefore, fostering and encouraging a positive sense of self in children is extremely important in laying the groundwork for meaningful social interactions and successful academic performance.

ENHANCING CHILDREN'S LEARNING THROUGH DAILY ROUTINES

Children need structure and order in their lives. Within the established routines of each family or classroom are many opportunities to teach children skills that will enable them to be more successful when they enter school. Routines consist of activities such as waking up, brushing teeth, eating breakfast, washing clothes, unloading the dishwasher, and going on an outing.

Each of these routines provides opportunities to enhance language, communication, motor development, thinking and problem-solving skills, daily living skills, and social skills. The same is true for routines established in preschool and kindergarten classrooms. It is important to remember that routines should be repeated over and over so children may gradually increase their participation until they can do things by themselves with confidence. Routines must also remain flexible enough, however, to allow changes and unexpected events when needed. Teaching children to effectively deal with change is as important as anything else we teach them.

Any experiences that are planned for children must first make sense to them. Activities must also be interesting for children if they are to learn from them. For example, teaching children to tie shoelaces makes sense when putting shoes on in the morning or after a nap, but not in the middle of the day just for its own sake. The natural reward for putting on shoes and tying them is to be able to go outside or participate in some activity which requires shoes. Again, all activities for children should make sense and be fun, interesting, and age-appropriate.

Example: Bathing

Bath time can be used to imitate an infant's sounds and movements, name body parts, hide and find objects, and count fingers and toes. For older children, bath time can be used to work on language skills, such as sequencing, "What do we do after we wash your hair?", and following directions, "Put some soap on the washcloth."

Example: Eating

Mealtimes can be used to work on an infant's gradual shift to self-feeding and also his communication skills, such as the ability to indicate "more." Older children can learn to set the table, use eating utensils appropriately, or engage in general conversation about the day. Children can learn responsibility by having their own chores such as setting the table, clearing the table, or even just taking a few simple items to the table for someone else to set.

☞

Most family routines contain a multitude of learning opportunities. Of course, parents do not always have the luxury of enough time to turn every task into an optimal learning experience. However, by looking for teachable moments within our daily routines, we can interact in meaningful and positive ways with our children while helping them learn valuable life skills.

For a child to fully participate in and feel comfortable with various activities, she must be informed of what will happen, what is happening, and when the activity is over. It is the responsibility of any adult, be it the parent or teacher, to make sure each child is aware of these things. Included below is a list of strategies to remember when interacting with a child. It is entitled **"Pause and Think."** [1]

Prepare the child for the activity.
Announce what is about to happen prior to acting on a child.
Use correct positioning, handling, and orientation/mobility techniques.
Select and place materials appropriately.
Establish multiple opportunities for communication and movement.

Adapt activities creatively to promote each child's fullest participation.
Never settle for mere exposure - plan for each child's partial participation.
Develop consistent prompts and cues for individual children.

Take enough time to wait for the child's response - do not rush.
Have a variety of methods for providing appropriate feedback to children.
Include peers and siblings to promote interactions within the activity.
Notify children when an activity is completed to provide closure.
Keep focused on a child's strengths to make every interaction positive.

[1] *Produced under Grant #H024B20011 from the United States Department of Education.*

THE GROWING BRAIN

We have learned more about the brain and how it works in the past twenty years than in the hundreds of years before. This new information can guide us in helping young children become successful lifelong learners. The following five facts about the brain are important for everyone to know:

1. The More We Learn, The More We Can Learn.

While still in the womb, an infant's brain builds patterns of electrical activity that cause brain cells to grow new branches. This is the brain's first growth spurt. Used branches are opened for future learning; branches unused before birth are cut back. Infants are born with about 100 billion brain cells or neurons.

2. Several Growth Spurts Affect the Brain.

A second growth spurt happens shortly after birth, when the brain cells make new connections and strengthen the rather weak sensory connections that are already in place. Between birth and age two, the number of possible connections in the brain greatly multiplies. Those connections are made only if the baby receives rich and repeated experiences in seeing, hearing, smelling, and touching. Every time a baby sees a face, reaches for a toy, or hears a new sound, the brain continues to form the pathways needed for learning. Without appropriate experiences, the brain begins to tune itself out and possibilities for later learning may close.

Feelings and emotions are among the first patterns the brain builds, with the circuits that later become happiness and sadness, anxiety or eagerness, and anger or peacefulness, being prepared in the first two months of life. Parents and caregivers, therefore, are the child's earliest and most important teachers. Fortunately, the windows to new learning do not completely close at two years of age. Possibilities for different types of learning remain open for different periods of time. Young children, for example, can easily make the sounds of every language but gradually lose this ability before they are six years old. Hearing and using the sounds and structure of a specific language, such as Spanish, keep those pathways open. Older children and adults can learn new languages, but it becomes much more difficult with age.

☞

Development and Learning.

Better prenatal care has improved the health and nutrition of expectant mothers and their infants and has increased awareness of the harmful effects of alcohol and drug abuse, poor eating habits, and cigarette smoking during pregnancy. Parents and caregivers should be aware that infants need to have them available on a regular basis to provide love, care, and attention. In fact, bonding with an adult who is responsive to needs, who touches sensitively, who holds and talks to a baby, is the single most important factor in brain growth.

Responding to the needs of a crying child does not mean the child will be spoiled; it means the brain will be better prepared for all types of learning experiences. In addition to being kept safe, young children need interesting and changing environments through which they are free to move and explore with all of their senses. Children must also be provided with the best and most nutritious food for brain function.

4. The Brain Attends to a Child's Natural Interests at Different Stages of Development.

Active movement and play are very important in helping young children learn. The first four years of life are spent learning to reach, grasp, sit, crawl, walk, run, throw, and use the body in increasingly sophisticated ways. This is natural, and children need the freedom to explore a variety of safe environments. They need experiences that encourage them to use their senses as they spend their time in active play.

5. Brains Are Very Different and Each Processes Information in an Individual Way.

As a brain creates its own patterns or neural circuits, it becomes unique. Brains are as different as faces. The potential for multiple types of processing is present in every child's brain, but no two brains become wired in exactly the same way. One child may become especially sensitive to sounds while another becomes more sensitive to visual cues; one may notice parts and specifics while another sees the whole without attention to detail. It is important for all children to have opportunities for multisensory involvement in order to develop their differing potentials. Attention to individuality will allow parents and caregivers to build on each child's unique strengths. Since brains are all different, watching children learn can be a fascinating and continuously miraculous experience.

THE SOCIAL CHILD

The social child is a product of all of his experiences. These experiences determine whether the child becomes a "loner," a "people person," a "talker," or a shy, reserved "watcher." The child's experiences shape his view of the world as a positive or negative place.

Infants

Encourage infants in simple social exchanges such as making eye contact, reaching toward caregivers, and smiling. Parents begin at birth to feed, hold, and nurture their infants, and these times provide numerous opportunities to interact through all of the senses. Parents and caregivers should respond positively to the infant's social attempts and talk to him as though he understands. The infant needs to be held and caressed, cuddled, and patted. Exaggerated expressions and a slightly high-pitched voice usually involve the infant in imitation and response.

Toddlers

Provide toddlers with direct experiences that help them develop positive self-images. This includes planning activities in which the toddler can be successful and also helping him learn to solve problems in acceptable ways. Parents and caregivers should redirect inappropriate behaviors, which commonly surface during toddlerhood. For example, if the child runs through the room and knocks books off the table, the caregiver should talk to the child about why not to run inside, help him pick up the books, and provide appropriate space to satisfy his need to move about. Conversation begins at this time, and talking with toddlers in a turn-taking manner is extremely important for language and social development.

Preschoolers

For preschoolers, model appropriate skills such as sharing, being a friend, taking turns, being a supportive listener, and being a good winner and loser. Cooperative play activities among small groups of children are wonderful for teaching these concepts. Adults in the child's world should set examples by using words, instead of physical aggression, to resolve conflicts.

Kindergartners

In kindergarten, children are expected to make choices, know the difference between right and wrong, and respect the rights and property of others. Social behaviors such as courtesy, honesty, cooperation, and fair play will enable the child to be accepted in a group.

FINDING QUALITY CHILD CARE

In order to feel confident that you have selected the most appropriate and nurturing program for your child, be sure to visit at least three child care centers. Observe the caregivers, the environment, and the children. Consider taking your child along when making these visits so you can also watch his reaction. Some critical questions are listed below for you to reflect upon before making your final decision.

Basic Information

☆ Is the center licensed by the state?
☆ Are the hours suitable?
☆ Are the fees affordable?
☆ Are the meals and snacks appropriate and nutritious? (They should provide at least one morning and afternoon snack and lunch.)
☆ Are the group sizes and age groupings acceptable? **
☆ Does the program have goals that promote children's physical, social, emotional, cognitive, and language development?
☆ Is the center flexible enough to meet the individual needs of all children? Will they provide special snacks, make adaptations for children with special needs, etc.?

The Environment

☆ Is the setting bright and cheerful?
☆ Do the children seem happy?
☆ Do staff and children get along well?
☆ Is the daily schedule balanced? (active vs. quiet, listening vs. interactive, directed vs. exploration)
☆ Are children involved in activities appropriate for their ages?
☆ How are children comforted when they are upset?
☆ Is the center clean and orderly?
☆ Do children have opportunities for individual and small group activities?
☆ Are safety precautions established and observed? (These should be posted in highly visible places e.g., fire escape routes, severe weather procedures, etc.)
☆ Are spaces available for quiet play, active play, and outdoor play?
☆ Is there plenty of usable space both indoors and outdoors?
☆ Are enough books, paints, blocks, musical toys, games, and puzzles available?
☆ Do pictures on the bulletin boards and walls display creative work from the children or do all pictures look like teacher work or coloring book pages?
☆ Are children able to select and access materials for themselves?

☞

The Staff

☆ Do staff have appropriate training and experience with young children? (Ask to see documentation of recent staff development training.)
☆ Have most of the staff been with the program at least a year?
☆ Do staff use acceptable methods of discipline?
☆ Are staff friendly and cooperative?
☆ Are caregivers responsive and supportive?
☆ Are children treated as individuals?

Parent Involvement

☆ Are parents involved in decision-making for the center?
☆ Are parents welcome to drop by to visit whenever they are able, without calling ahead?
☆ Are parents encouraged to participate in activities at the center?
☆ Do parents who have or have had their children enrolled in the center speak well of it?

Overall Impression

☆ Would I be happy here if I were a child?
☆ Can I feel comfortable leaving my child here?

**The minimum number of staff to children required for licensing by the State of Mississippi is as follows:

0-11 mos ❤ 1 caregiver for every 5 infants

1-2 years ❤ 1 caregiver for every 9 children

2-3 years ❤ 1 caregiver for every 12 children

3-4 years ❤ 1 caregiver for every 14 children

4-5 years ❤ 1 caregiver for every 16 children

5-9 years ❤ 1 caregiver for every 20 children

In order for a child care center to receive accreditation by The National Association for the Education of Young Children (NAEYC), the following ratios must be met:

0-18 mos ❤ 1 caregiver for every 3 infants

19 mos-3 years ❤ 1 caregiver for every 6 children (max. 12)

3 years ❤ 2 adults with no more than 16 children

4 years ❤ 2 adults with no more than 20 children

5 years ❤ 2 adults with no more than 25 children

PROMOTING MOVEMENT

Caregivers should be aware of how movement opportunities enhance development in children. This understanding is critical because adults are in the best position to provide the activities, space, and materials to encourage movement and independence. A variety of movement experiences provide the basis for increased confidence, skill, and motivation to move in various environments.

Infants

Infants need environments that stimulate them to move. This includes:

- ☆ plenty of time out of the crib;
- ☆ floor time on their backs and stomachs;
- ☆ changing positions frequently;
- ☆ various commercially available items that allow the infant to stand, bounce, and move safely; and
- ☆ interesting, safe objects that are slightly out of reach to encourage movement toward them.

Toddlers and Preschoolers

Children of this age need sufficient space in which to exercise their increasing movement skills. Important activities at this age include:

- ☆ pushing and pulling large objects;
- ☆ riding on toys and adults;
- ☆ climbing in and on sturdy objects;
- ☆ playing outside where running and jumping provide a challenge;
- ☆ traveling from room to room using a variety of movement techniques;
- ☆ imitating the movements of other people and animals;
- ☆ moving while singing, responding to music, or acting out songs; and
- ☆ playing games that involve running, jumping, obstacle courses, and falling down.

Kindergartners

Kindergarten children begin to use their bodies in more controlled and complex ways. Like the brain, muscles develop through repeated use. As children feel confident at attempting simple movement-related tasks or challenges, they take on more intricate and daring ones. Success in controlling the body does a great deal to build self-confidence. Children who have had appropriate movement experiences from birth usually have more confidence in all types of learning situations and relate more successfully to their peers.

☞

Expressive Movement

Movement is used to express feelings and explore space even before the baby is born. The mother knows much about the baby by the way he kicks and stretches in response to certain foods, outside stimuli, and her own moods. After the baby is born, movement and crying are the basic forms of communication at his disposal. At first, movements of the body are very uncontrolled, but slowly, the child gains control of the head, the arms and legs, and the hands and feet. Learning how to dance in his own ways, as well as in more organized ways, can give a child an outlet for pent-up energy and frustration until he acquires a strong language base to better express himself.

Infants and Toddlers

As children explore the space around them, language can help them to identify the different positions and shapes of their bodies. Parents and caregivers can encourage this by:

- using the names for body parts as the child touches or moves them;
- using words to identify the elements of space and position with space - up down, backward forward, high low, around and around, etc.
- using words to talk about the rate of movement - fast like a rabbit, slow like a turtle, very quickly, very slowly, etc.
- using words to talk about the strength of movement - heavy or soft, big steps like a giant, tiny steps like a baby, etc.
- using words to define the shapes of moments-around in a circle, tall and thin like a tree, back and forth in a line, etc.

It is also important for parents and caregivers to create interesting and safe spaces in which children can explore with movement:

- spaces with soft pillows and hard steps;
- spaces that are small and enclosed and spaces that are wide and open;
- spaces that are different level - high above the head, close to the ground.

Children should have the opportunity to climb on large stable equipment as well as to be able to move around objects such a large balls, cars, etc.

Preschoolers and Kindergartners

As children gain vocabulary to talk about the body and the movements of the body, they can begin more controlled uses of the body. Challenges encourage children to try out new and interesting movements. These challenges should always be based on observation of what a child is already able to do easily and should be based on the skills already acquired. They should be open-ended enough that any child can perform them in a personal way.

Challenges may include such things as:

> "Can you find a way to go over that tree stump?"
> "Can you move very slowly from here to the front door?"
> "Show me how you move very close to the floor."
> "Show me how you might walk in sand at the beach."
> "Can you make two body parts move very quickly as you go to the table?"

Movement of the body in space is closely related to the child's concept of self. As the child gains more skill with and control over his body, he begins to feel more comfortable about himself. This makes learning all tasks easier.

THE LEARNING PROCESS

How does learning take place?

All learning is based on prior learning. As a child is exposed to new sensory experiences, the brain tries to make sense of what is being seen, heard, felt, tasted, or smelled. Without the child's awareness, the brain instantly scans through the mental patterns that have already been stored, seeking a match. If a match or near-match is found, the new information is "understood" by the child, and that pattern becomes further imbedded in the child's memory. If a match is not found, or if the new information is slightly different than what has already been stored, the child may not completely understand what is being experienced. In that case, the brain can either begin to adjust the pattern of a near-match or build an entirely new pattern.

From birth, it is important for children to experience play using all of their senses to explore the world. As a child pours sand into an empty peanut butter jar, his brain is learning and preparing his body to become more skilled in carrying out its tasks. The brain attends to how the empty space becomes full, notices the rough texture of the sand and the smooth texture of the jar, and gains control of muscular activity by enabling increasingly accurate pouring as a result of experience. As the brain builds new patterns and expands old ones, it grows and changes. New branches grow on the trunks of brain cells, and each of these branches then becomes available to build new patterns.

What conditions promote learning? [1]

Desirable Beliefs of the Child

1. "I believe I can do this."
2. "I will be better off if I get better at this."
3. "No one will hurt me or make fun of me if I try to do this, even if I do not do it perfectly."

	Conditions	Example for Reading/Writing
1.	The child should be surrounded by and/or have many experiences with the activity in meaningful ways.	Expose the child to words, age-appropriate books, and print on signs, posters, magazines, and newspapers.
2.	The child should see others doing the activity.	Read magazines, mail, books, instructions, the television schedule, and other materials in the child's presence.
3.	The adult should expect the child to have the motivation and ability to do the activity.	Belief makes it happen. If a child's interest in the activity is approved and his attempts to do it are celebrated, he will develop his skills with practice. If the adults who are important to the child lack the belief that the child can do it, he will begin to lack the self-confidence necessary for success and will begin to avoid trying for fear of failing.

☞

	Conditions	**Example for Reading/Writing**
4.	The adult should realize that though he can provide for the child to have appropriate experiences, the child must accomplish the learning himself.	The child's interests and questions are the best motivators for reading. Let the child and what he likes help guide the choices of reading materials.
5.	The child should have many opportunities to practice reading.	Provide picture books, word games, writing tools, and other real-life materials that encourage reading practice. Provide many reasons for the child to read and write: a note to grandmother, a signature to check out a book from the library, use of a television schedule to find the time of a favorite program.
6.	The child should be able to make mistakes and know that making an attempt is an acceptable way of learning.	A first step in reading a story is retelling it from memory as the pages of a book are turned. A child who figures out what something means, but calls a word incorrectly, should be praised, not corrected.
7.	The adult should give positive and constructive support to the child, telling him how close he was to performing the task.	Encourage the child by telling him how close he came to success and then explain the more socially acceptable view or provide the help needed.

What Conditions Interfere with Learning?

For a child to be an active learner, his brain must be able to attend to the input it is receiving. Some conditions interfere with learning. For example:

- If a child is hungry and his stomach is hurting, it is difficult for his brain to focus on new information.
- If the child is starved for love and attention, his feelings of being alone and wanting to be held and reassured will block out the desire to make sense of the world.

A child must have his physical and emotional needs met before effective learning can take place.

As children get older, their social needs take greater control of their lives. Children learn language best in the course of natural conversations with other people. They learn to get along well with others by playing and interacting in different social groups and situations. Children learn even more about the world as they begin to share their own ideas with others who have different thoughts. It is important to help children feel accepted and respected within different groups. When children are upset and feeling rejected, they are not free to learn as effectively. People learn more when able to interact with others than they do if they feel isolated.
rate.

What factors are especially important in ensuring learning progress?

All children have their own styles of learning, which develop as they build on the patterns already present in their brains. Children progress through similar stages of development. However, each child does so at an individual

Parents and caregivers are particularly important in supporting children's learning both in and outside of the home.

- ☆ By taking a child's ideas seriously, parents and other trusted individuals help the child develop confidence.
- ☆ By recognizing and responding to a child's attempts to make meaning as he talks, scribbles, or gestures, adults encourage the child to continue exploring and practicing until he improves.
- ☆ If the child's ideas are not acknowledged and expanded through life experiences, she may learn to distrust his own perceptions of the world.
- ☆ Children see the world through different and less sophisticated lenses than adults do.

In a classroom or group setting, all children should feel they are members of a learning community where each is able to contribute in an individual manner. In this way, children can build on the unique patterns of their brains in their own styles and on their personal timetables. The respect and support offered within such a group encourages each child, just as his family members encourage him at home, to progress at the most desirable rate for his needs and abilities. It remains important for family members to work with teachers toward fostering their children's development.

Family members can be wonderful role models for children.

- ☆ A child who sees a parent enjoying writing and reading will likely want to learn to write and read himself.
- ☆ A child who hears a brother or sister talking through a problem to decide how to best handle it will learn that there are alternative solutions to problems.

Always be aware of a child's tendency to learn by example.

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[1] The Whole Story: Natural Learning and the Acquisition of Literacy in the Classroom, Brian Camborne, Richmond Hill. Ontario: Scholastic-TAB.

BEING A PARTNER IN YOUR CHILD'S DEVELOPMENT AND EDUCATION

Being a partner in your child's development and learning can be one of the most important and satisfying of journeys. Investments of time, resources, and guidance made in the early years mark the wise, informed parent and yield great profits for the child and the family. This journey is never one that families travel alone. A child's development is greatly influenced by the many people encountered in the community - schools, early childhood programs, clinics, family worship, and play with friends and neighbors.

Although we know much more today about young children, we often miss the message or do not take the time to use what is available. Despite the old cliché about children not coming with instructions, there really are good "road maps." There are also experienced travelers and guides to help. And, as families journey, there will be many times that others will be responsible for their children. Families must develop partnerships with these people. How we travel and where we end up is very much a partnership. ***So prepare yourself, learn all you can about traveling with children, ask for and give help along the way, and enjoy one of the most exciting trips of your life.***

A Few Ideas for Families . . .

You and Your Child

The learning partnership begins with the relationship between the child and those who provide care, especially parents. Parents are a child's first and potentially best teachers. A parent who is sensitive to a child's feelings, interests, and abilities can use this information to teach effectively.

How do I best encourage my child's learning?

Many popular writers and speakers on young children repeatedly emphasize that the learning process must be an absolutely joyous experience for both the parent and the child. It should be fun to spend time with your child learning something new or solving a problem. *"So long as the baby is loving it, and the parent is loving it, then the process is exactly right."* Except in special cases, don't try to push a child to learn something when he is not interested, and definitely not when he is too tired. Always keep the child wanting more. Never continue learning sessions until the child is ready to stop, but instead finish just before the child is ready to stop. This way the child is always left with a very good, positive feeling about the learning sessions and looks forward to the next.

When Your Child is in Childcare, Head Start or Other Early Childhood Programs . . .

Children often spend 10-12 hours each day with their childcare providers. Often, most of their waking hours are spent in the childcare center or family day care home. It is important for parents and providers to work together to create the best learning environments for children. Many businesses offer leave time for parents to visit their child's program and teachers. Take advantage of these opportunities. Here are some helpful tips for parents when working with childcare providers:

1. Communicate daily with the childcare provider. Let the provider know of any problems or concerns you may have. Also, be sure to let the provider know about good things you notice regarding the care of your child.

2. If you are unsure about a situation, be sure to talk to the provider.

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3. Attend parent workshops in your community. Talk to your provider about attending workshops with you. If your center offers workshops, participate in them. There's much to know about caring for young children!

4. Visit your child's center or day care home often, and be an active participant. Volunteer to help when possible. Centers and home providers often need donations of toys and books, special snacks, field trip chaperones, guests to speak about their jobs, etc.

5. Talk to your child about the activities he does at school. Mealtimes are a great time to ask, "What was the best thing you did at school today? What things did you dislike?" Really listen to your child's answers.

6. Make a checklist of things your child needs for childcare. Ask the childcare provider about kinds of clothes to send your child in, special supplies needed, etc. If your provider has policies, read them carefully and ask questions, if necessary.

7. Talk to your child in a positive manner about the childcare provider. Help get your child excited about going to the day care home or center. Teach your child to respect the adults caring for him by showing respect for them yourself.

8. The more information you share with your child's provider about what is happening in your child's life, the better care your child can receive.

9. Childcare should be teamwork! Parents and providers have the biggest influence in a child's life. Together you shape what his early life will be and establish the foundation for his later life choices, so it is important to communicate with and support each other.

Adapted from *"Parents and Teachers: Working Together." Learning Together: A Childcare Provider's Guide to Including All Children.* Alabama State Department of Education.

When Your Child Is in School . . .

Some schools value parent involvement and provide numerous opportunities for parents to interact with each other, with teachers, and with students. Your child's school can provide ideas on how to participate. Still, it is helpful to tell the school that you want to be a partner. One important way you can become involved in your child's schooling is to exercise any choices available in the selection of coursework, programs, or even schools. Many schools are moving toward "school-based management," in which administrators share the responsibility for operating schools with teachers, students, parents, and community members. You can become involved in committees that govern your child's school or join the local parent-teacher association.

The National Coalition for Parent Involvement in Education (NCPIE) says that schools should regularly communicate with parents about their child's progress and the educational objectives of the school. This communication should also include non-custodial parents, stepparents, and any other adults, such as grandparents, who are responsible for the child. If you aren't receiving such information, ask for it. Work with other parents and guardians to be sure that the school understands how best to keep you informed.

Some schools send newsletters and calendars home regularly, alerting parents to school functions and ways they can participate. Encourage your school to provide volunteer opportunities for working parents and to schedule some school events outside of the school day to increase participation.

Here are other ideas:

☆ Visit your child's classroom. A visit will give you an idea of what your child does at school and how he interacts with other children.

☆ Volunteer to help in the classroom as an assistant (e.g. listening to children read or serving as an aide during computer work).

☆ Support student events and performances by helping with them (such as sewing costumes or painting scenery for a school play) and by attending them.

☆ If your school has a parents' room/lounge or parent center, drop in to meet other parents and teachers there, or pick up information and materials.

☆ Participate in workshops that are offered, such as those on child development or concerns that parents have (or help plan such workshops).

☆ Take advantage of parent-teacher contracts (perhaps agreeing to read with your child for a certain amount of time each night).

☆ Ask your child's teacher if she has materials that you can use to help your child at home and to supplement homework.

☆ Be part of decision-making committees about school issues and problems, such as a Parent Advisory Committee.

When Attending a Parent-Teacher Conference . . .

"Remember, working together is important for the sake of your child."

☆ **Come prepared** - Bring a list of things you would like to discuss. It helps you and is respectful of the teacher's time.

☆ **Listen carefully** - Repeat what you hear in your own words. Don't prejudge the teacher or assume you know what she is going to say. Try to help the teacher clarify what is being said.

☆ **Try to be objective** - talk with the teacher about your goals for your child.

☆ **Be specific** - Be sure that your concerns and the teacher's concerns work together for the well-being of your child. If you don't understand, say so. There are no dumb questions when it comes to your child.

☆ **Don't be afraid** - Make requests and suggestions if they will help your child. You know your child better than anyone else.

☆ **Discuss discipline** - Parents and teachers should discuss discipline so similar methods can be used at home and at day care/school.

☆ **After the conference** - Share with your child positive comments made by his provider. Work through any problems with your child in a positive way.

Adapted and reprinted from: *"Parents and Teachers: Working Together." Learning Together: A Childcare Provider's Guide to Including All Children.* Alabama State Department of Education.

DISCOVERING THROUGH PLAY AND EXPLORATION

Children's work is their play, and it is how they learn best. All children need safe and stimulating environments to explore in order to develop problem-solving skills and maintain their motivation to learn. Proper child-proofing can enable parents and caregivers to relax and enjoy watching children make exciting discoveries through play. This does not mean creating a sterile and empty environment; the play environments of children should allow as much sensory exploration as possible within a safe and enriching setting.

Infants

Infants need to have toys that are large enough to prevent swallowing or choking and are free of sharp edges or rough surfaces that would be dangerous. Much of infants' exploration of the environment is done with their mouths. Mouthing is an infant's first method of learning about objects. Appropriate toys include:

- large soft blocks and stuffed animals without sewn on eyes or other attached parts that may come loose;
- safety mirrors;
- rattles, teething rings, and plastic keys;
- board and cloth books; or
- rubber ducks and boats for the tub.

Toddlers

Toddlers need spaces which allow freedom of movement and exploration within reasonable boundaries. This will enable them to learn concepts such as:

- in and out;
- over and under;
- around and through;
- on top of and beside;
- in front of and behind.

As they actively explore and hear adults use these terms to describe what they are doing, children not only learn about the properties of objects and areas and learn to control their bodies in space, but they also add important words to their growing vocabularies. Important toys and materials for this level include:

- texture and smell books;
- toy telephones and dress-up clothes such as purses;
- riding toys, push-and-pull toys, and dump-and-fill toys;
- pudding to use for finger painting;
- water and sponges (too big to swallow) for washing objects.

Preschoolers

Preschoolers need a variety of opportunities for messy play. Words learned through such activities include: *runny, gooey, dripping, squishy, dirty, sticky, smooth, smear, pound, squeeze, flatten, shape, knead, mix, and spill.*

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Preschoolers continue to need multisensory experiences in order to build concepts. When children are learning concepts such as counting, they need real things to count. Items such as cupcakes and strawberries can be seen, touched, moved, smelled and eaten. Working with items such as these involves children in using all five senses and also provides motivation for counting, as children struggle to ensure that everyone in the group gets a fair share. Appropriate toys and play materials for preschoolers include:

- ☆ Play-Doh™, clay, and mud;
- ☆ shaving cream and whipped cream;
- ☆ sand and water;
- ☆ finger paint and crayons;
- ☆ picture books of all sizes and shapes;
- ☆ building blocks and props for dramatic play;
- ☆ safety scissors and old magazines and newspapers to cut;
- ☆ baby dolls and rubber animals;
- ☆ telephones and housekeeping props.

Kindergartners

In kindergarten, children will make choices about learning areas in which they want to work. They are likely to choose and be successful with those experiences about which they have prior knowledge.

- ☆ A child who has not used language spontaneously in pretend play may not feel comfortable sharing in a large group.

- ☆ A child who has never experienced the joys of painting with hands or fingers may be reluctant to try painting with a brush.

- ☆ A child who has not learned to cut with scissors may have difficulty holding a crayon or pencil effectively.

- ☆ A child who has no prior experience with number and shape words may not be able to use those words to complete simple addition problems with counters.

Children who come to kindergarten with a wide variety of prior multisensory experiences will be better prepared to use materials such as clay and paint to represent their experiences and to symbolize the things in their environment.

GUIDING PRINCIPLES OF THE BRIDGES TEAM

- ☆ All children progress through similar stages of development that are necessary in building healthy, competent, independent and productive lives.

- ☆ The first two years of life provide the best window of opportunity for establishing a child's foundation for later learning.

- ☆ Children actively learn as they interact with people and things in their environments.

- ☆ Each child's family, community, and culture have important roles in facilitating and supporting the best conditions for growth and development.

- ☆ Play is the young child's primary way of learning.

- ☆ All areas of development (social, emotional, physical, language, cognitive) are equally important.

- ☆ The sense of trust a child develops through consistent, dependable, safe relationships is fundamental to healthy personality development and learning.

- ☆ Typical patterns of development serve as guideposts for understanding children, but it is also important to celebrate and support the uniqueness of each individual, as diversity brings strength to our relationships and communities.

FACTS ABOUT MISSISSIPPI'S CHILDREN

- ☆ Mississippi ranks sixth in the nation to fully immunize two-year olds at 83 percent.**
- ☆ In Mississippi, 987,013 children participated in the free lunch/free breakfast program last year. More schools are choosing to offer free breakfast this year.*
- ☆ The state's infant mortality rate (per 1000 live births) 5 year average dropped from 14.8% (1981-85) to 11.2% (1991-95), a 24% improvement.*
- ☆ The Mississippi WIC Program, which provides nutrition to reduce health problems during infancy and childhood, serves more than 101,500 participants each month.**
- ☆ The School Mouth Rinse Program provides fluoride mouth rinse to Mississippi children at 163 elementary schools.**
- ☆ The public health Genetics Program screens more than 41,800 newborns each year to identify early signs of genetic problems.**
- ☆ Recent legislation sponsored by the MS State Department of Health requires universal hearing screening for all babies born in Mississippi.**
- ☆ The State Department of Health's Family Planning Program prevented roughly 16,000 unwanted, unplanned pregnancies during fiscal year 1996. Of those, 4,700 would have been pregnancies to teenagers.**

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Despite some of these positive facts, there are still many areas that need improvement. For example:

- ☹ One of every three Mississippi children is hungry.*
- ☹ Mississippi has the highest percentage of low birth weight babies of any state in the nation.*
- ☹ A greater percentage of Mississippi's babies die in their first year than in any other state.*

We must be aware of these negative facts in order to plan strategies to help improve the lives of children in Mississippi. For example, by increasing the numbers of schools and other programs that participate in the Free Lunch Program, we can help reduce the number of children who are hungry.

By making all mothers more aware of the importance of prenatal care, we can help reduce the number of low birthweight babies, possibly preventing later problems in development.

* KIDS Count Mississippi, 1996 Data Book, Vol. III

***Mississippi State Department of Health Annual Report, 1996*

RECOGNIZING AND BUILDING STRENGTHS

To prepare children to see themselves as "able" to accomplish their own goals, parents and caregivers must recognize and build on the unique strengths of each child. Before this can happen, adults must make sure that all children are as healthy as possible; proper nutrition and appropriate immunizations are important components of the foundation upon which reading and learning is built. Every child has strengths and the potential to learn. Once basic needs have been met, it is time to focus on fostering the child's individual growth and sense of self-worth.

Infants

Infants need to know that they are loved and accepted, special and interesting, and able to affect the people and objects in their surroundings. Parents and caregivers should:

- hold and cuddle infants while singing, rocking, talking, and reading to them;
- use infants' names often;
- describe objects while they are looking at or interacting with them;
- provide toys which make interesting movements, sights, and sounds when the infant acts on them;
- express enthusiasm for the infant's emerging behaviors.

Toddlers

Toddlers should come to view themselves as competent and capable when they are successful in making simple decisions throughout the day. Caregivers can promote a toddler's ability to express individual preferences and encourage development of her sense of control over the world when they:

- have the child to choose between two options such as whether she prefers a peanut butter sandwich or a cheese sandwich;
- allow the child to decide whether to dig in the sand with a small shovel or a wooden spoon;
- provide a choice of wearing a blue T-shirt or a red checked shirt.

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Preschoolers

Preschoolers have many ideas and interests that should be accepted as a base for their play activities. Preschoolers develop confidence in their own abilities and insights when they have opportunities to be leaders in daily activities. Adults can support children's individual growth by encouraging them to take their own ideas "one step further" and arrange situations so children will experience success. Examples include:

- ☆ letting children dress themselves to the greatest extent possible (e.g., laying a coat on the bed so that the child can back into it and get her arms into the appropriate holes);
- ☆ preparing a small bowl with water and soap so than children can wash their hands independently;
- ☆ encouraging children to attempt big and challenging projects (such as building a submarine from a refrigerator box) and supporting them in their attempts so that they will experience success.

Kindergartners

In kindergarten, children will have many opportunities to make choices and decisions, beginning the first day of school. For example, a child may be asked to choose the animal symbol that will mark a personal locker or cubby. The ability to complete such a task is likely to be one of the best predictors of later school success. By tackling significant projects and sometimes experiencing failure, children start to realize they can affect their environment.

- ☆ It is very important that young children begin to recognize that their own actions often have specific results. A sense of confidence in one's own ability to make good decisions is related to school success throughout the grades.

HEALTH AND NUTRITION INFORMATION

Food nurtures the brain. The brain itself cannot produce certain chemicals, so people must eat to continuously replenish the supply of essential nutrients. This is especially true for children, whose brains and bodies are growing most rapidly. A nutritious diet can also keep children healthy when combined with proper immunizations and regular medical check-ups. If children are in poor health or lacking in nutrition, they will be unable to focus on learning. Therefore, parents and caregivers must provide children with a balanced daily intake of a variety of foods in order to increase their ability to succeed at school.

Infants

Routine well-baby check-ups are very important in monitoring the development of infants. If an infant is having feeding problems or begins to lose weight, consult a medical provider immediately. Otherwise, follow the physician's guidance regarding feeding routines (e.g., how much formula/breast milk at each age, when to begin cereal, when to begin baby food, etc.).

Toddlers

Toddlers should be provided with a variety of nutritious foods to encourage them to try different tastes. Children of this age can be especially finicky eaters. A child may choose a single food he likes and refuse to eat all others. It is not advisable to get into power struggles with the child by trying to make him eat a particularly disliked item. However, it would be unwise to give in to temper tantrums and allow the child to eat only the one favorite food. Balance is the key with toddlers. Continue to present a variety of nutritious foods throughout the day and allow the child to choose which of these foods he would like to eat. This ensures that nutritious foods are eaten and allows the child some control over what he eats. This can be a very difficult time for some parents and caregivers. Consistency, patience, and understanding are necessary on the part of adults to prevent unnecessary conflict over food.

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Preschoolers

Preschoolers will begin to need more food to match their increased activity levels. Most preschoolers become much more active as they are allowed more time for outside play: jumping, kicking, throwing, climbing, and racing, chasing, and running with peers. This may mean that they will need an extra snack or increased portions at meals.

Kindergartners

In kindergarten, children are expected to have had their shots and other routine medical care, and to have eaten a nutritious breakfast at home or school each day.

On the next page is a "Food Groups Chart". "The chart recommends appropriate serving sizes according to a child's age and specifies the number of servings needed daily from each food group."[1]

"An easy guide to minimum serving sizes for children is: **One measuring tablespoon for cooked food for each year of a child's age."**[1]

[1] *A Food Guide for the First Five Years*, 1996, National Livestock and Meat Board, Beef Promotion and Research Board.

	FOODS INCLUDED IN THIS GROUP ARE:	SERVING SIZES			DAILY RECOMMENDED SERVINGS	KEY NUTRIENTS SUPPLIED
		1 YEAR	2-3 YEARS	4-5 YEARS		
BREADS AND CEREALS	6 servings daily in the amounts recommended from the variety of foods listed in this group					
	Whole-grain, enriched or restored breads	½ slice	3/4 slice	3/4 - 1 slice	6 servings daily	Thiamin Iron Niacin Carbohydrates including fiber
	Cooked cereals, rice and pasta	1/4 cup	1/3 cup	½ cup		
	Whole-grain or fortified ready-to-eat cereals	½ oz.	3/4 oz.	1 oz.		
FRUITS AND VEGETABLES	5 servings daily in the amounts recommended from the variety of foods listed in this group					
	VITAMIN C SOURCE FRUITS, VEGETABLES AND JUICES: citrus fruits, berries, melons, tomatoes, peppers, cabbage, cauliflower, broccoli, chilies and potatoes	1/3 cup	½ cup	½ cup	1 vitamin C source daily	Vitamin C Carbohydrates including fiver
	VITAMIN A SOURCE FRUITS AND VEGETABLES (DEEP GREEN AND YELLOW): melons, peaches, apricots, carrots, spinach, broccoli, squash, pumpkin, sweet potatoes, tomatoes, Brussels sprouts	1-2 T	3-4T	4-5T	1 vitamin A source 3-4 times per week	Vitamin A Carbohydrates including fiber
	Other fruits	1/4 cup	1/4 cup	½ cup	3 servings of other fruits and vegetables daily	Carbohydrates including fiber
	Other vegetables	1-2T	3-4T	4-5T		
MEAT AND MEAT ALTERNATES	2 servings daily in the amounts recommended from the variety of foods listed in this group					
	Beef, pork, lamb, fish and poultry Liver (every few weeks)	2T or 1 oz.	2-3T or 1½ oz.	4 t or 2 oz.	2 servings daily	Protein Niacin Iron Thiamin
	Eggs	1	1	1		
	Cooked legumes, dried beans or peas	1/4 cup	1/3 cup	½ cup		
	Nuts	Nuts and chunks of unspread peanut butter are not recommended for children under 4 because they can cause choking.				
MILK AND DAIRY PRODUCTS	3 servings daily in the amounts recommended from the variety of foods listed in this group					
	Milk, yogurt and milk-based soups	½ cup	½ cup	½ - 3/4 cup	3 servings daily (2 of which should be servings from the milk, yogurt and milk-based soups.) For children around 1 year, additional calories and nutrients may come from breast milk, infant formula and cow's milk	Calcium Riboflavin Protein
	Cottage cheese Custard, milk pudding and ice cream (served only after a meal)	2-4T	4-6T	6T		
	Cheese (1 oz. = 1 slice or a 1 inch cube)	1/3 oz - 2/3 oz.	2/3 oz - 1 oz.	1 oz.		
FATS OILS	Margarine, butter, oils, mayonnaise, salad dressings (1 T = 100 calories)	1 tsp.	1 tsp.	1 tsp.	3 servings daily in the amounts recommended	This group is a significant source of fats for which there is no U.S. RDA.
OTHER FOODS	Jams, jellies, sweet desserts, gravies, and catsup	Use in moderation			No amount recommended 3 servings daily is maximum	This group is a significant source of carbohydrates and fats for which there is no U.S. RDA.

Adapted from: Endres J. and Rockwell R., *Food, Nutrition and the Young Child*, St. Louis, 1980, C.V. Mosby Co. by the American Academy of Pediatrics and the National Live Stock and Meat Board, (1992).

INVOLVING PARENTS IN EARLY CHILDHOOD PROGRAMS

Families should be encouraged to become true partners with programs in facilitating their children's development and education. Although a caregiver's main responsibility is to teach and care for children, the needs of children cannot be fully met without the involvement of their parents. There should be ongoing opportunities for families to voice concerns, offer suggestions and comments, and receive information and resources.

Things to Do . . .

- Make your program a family and community learning center.
- Make families feel welcome. First impressions are lasting impressions.
- Assume that parents want to do what is best for their child. Children feel most valued when teachers demonstrate respect toward their parents.
- Be culturally sensitive to the diversity of families. Parents generally look for signs of honesty, competence, caring, and appreciation for them as individuals when selecting child care providers.
- Keep families informed. Use newsletters, notes home or two-way journals, phone calls, flyers, school calendars, bulletin boards with pictures, message centers, and class videos to let families know what is happening.
- Plan events that involve families. Have an open house, a family fun night, health fair, or field trip, and sponsor other workshops, special programs, and events.
- Develop a family advisory committee, or provide other decision-making opportunities for families.
- Survey families regularly about their needs, interests, and concerns.
- Plan volunteering experiences, and consider parents-as-staff for your program.

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Self-evaluation for Teachers
(Is Your Center Friendly to Parents?)

- Do you know all of your parents?
- When parents are concerned about their children, do you make time for conferences to discuss the concerns?
- How many days do you wait before you respond to a parent's request?
- During the time parents come to pick up their children, is there someone who greets the parents? Is the greeting positive or negative?
- How effective is your communication system for parents to get information? Do you have a newsletter or parent communication board?
- Do your parents know you will help them identify resources in the community when they need a special service?
- Do you ask the parents to help in resolving problems when they arise?
- Do you have policies for your center or day care home? Do all of your parents review your policies?
- Are your policies clear to parents?
- How often do you encourage parents to drop in for a visit?
- Do you give parents the opportunity to help with classroom activities (field trips, parties, etc.)? Do you have a special day just for parents and family?
- Do you stress the importance of the children's experiences in your center?

Adapted and reprinted from: *Learning Together: A Child Care Provider's Guide to Including All Children.* Alabama State Department of Education.

THE IMPORTANCE OF TALKING WITH CHILDREN

Children learn to communicate when surrounded by language. Beginning at birth, it is important to talk to children as though they understand everything that is being said. When learning any language, children need to interact with others who expect them to understand and respond (by smiling, moving, imitating tongue movements, or imitating sounds). Long before babies can speak, they need to experience words or other cues which provide information and label their behaviors. Children begin to participate in conversation this way, and it is extremely important that they be exposed to language in a variety of situations throughout the day.

Infants are born with the instinct for developing language. According to researchers, there is a part of the brain specifically devoted to helping a child learn to communicate. If words are spoken to him and around him, he will naturally learn the intricate process of language. Most of the time, the words that babies hear have meaning in relation to what is happening at the time. Through the process of being exposed to so much meaningful language, children usually find out all about the rules of the language spoken by members of the family and culture in which they grow up.

Unless there is a physiological reason to prevent the production of words, the infant learns very quickly that words can get him what he wants. He is encouraged to try out the words, phrases, and sentences he hears because he is applauded when he makes his first attempts. He may hold up his arms and say "Da," and when Daddy picks him up, he has gotten the response he wanted. Everyone within hearing distance laughs, claps, and becomes excited if these are the baby's first words. After such a wonderful response, he naturally repeats the same sounds again. Sometimes his mother or grandparent may encourage the baby to talk the next day when they want to hear him say "Da" and will be disappointed because he does not comply. Every child learning to talk must decide for himself when he will speak, what he will speak, and whether he will speak it again. Language learning is in the hands of the learner. When the child decides that saying something fits the situation and will accomplish what he wants, he will talk. For infants who do not "speak," the development if communication progresses in a similar fashion, but the mode of communication is different. Instead of using words, the child may gesture or use sounds to make himself "heard."

For children using words, it is important that the child have the opportunity to use the words of the language he is acquiring. However, practicing alone is not enough. Children need the response and satisfaction of participating in conversation with others to encourage their language learning. As the child makes attempts to talk, some words will not be perfect in the adult sense. During conversation, the adult should act as a supporter for the child. As the adult asks questions and gives information, the child is able to be more of a participant, responding, echoing, and repeating.

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For example, two year-old Kendra said, "B'frday?", her tone clearly implying a question.
"Yes," said Kendra's mother, "It is a birthday cake. It's Grammy's birthday. Would you like to have a piece?"
"G'ammy's b'frday?" asked Kendra.
"You're right! Today is Grammy's birthday. Happy Birthday to Grammy!"

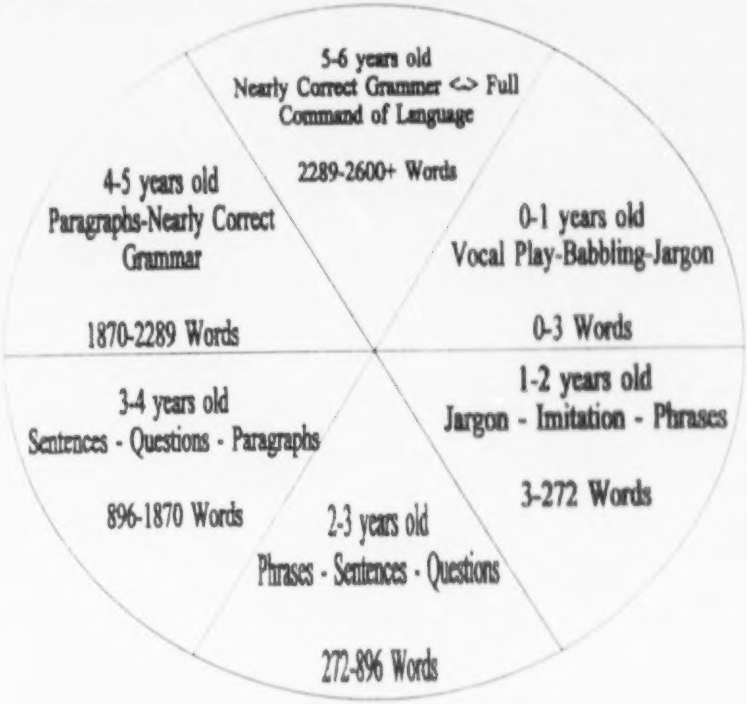
At two, Kendra probably is not yet separating the birthday cake from the idea of a birthday. In fact, two year-olds usually think a "birthday" is the cake. But through the give-and-take of conversation with her mother, Kendra is learning that she can convey meaning with words, and she is learning more about the language during the process.

There are some important communication techniques to use in helping children elaborate and extend the language the are acquiring:

- ☆ Always attend to what a child says and respond as though what he says has meaning.
- ☆ Always support the intention to make meaning and respond to that meaning, rather than correcting language that may be imperfect in the adult sense.
- ☆ Use language for many different purposes: to prepare the child for an activity; to ask questions about the child's feelings and desires; to talk about an activity while it is going on; or to explain what you or the child are about to do (e.g., take a bath, go for a walk, get a snack, etc.).
- ☆ Set an example: Let the child hear you using words to talk with others.
- ☆ Arrange many opportunities for children to talk and interact.
- ☆ Adapt language activities creatively to encourage maximum participation from every child.
- ☆ Take time to wait for a child's responses; avoid rushing the child.
- ☆ Listen and respond to any attempts by the child to make meaning through body language or words.
- ☆ Include others who are near in the conversation. Sometimes this will encourage the child to interact.
- ☆ Focus on the strengths of every child and make all interactions positive.

Typical Language Development

The chart below depicts the language skills which are typical at various ages:



Vocal Play - cooing, gurgling, and squealing in response to other voices
Babbling - combining sounds that are repeated (da-da)
Jargon - vocalizing sounds in strings of sentence-like patterns
Imitation - mimicking of words, phrases, and sentences

TIPS FOR THE FIRST DAY OF SCHOOL

The tips below are designed to help make the first day of school a wonderful experience for everyone involved.

Parent:

- ☆ Before a child can begin school, the school must have a copy of her birth certificate, immunization record, and any necessary releases.
- ☆ Take your child to the school to visit ahead of time if possible.
- ☆ Include your child's favorite item from home when packing for the first day of school.
- ☆ Try to help your child meet a friend.
- ☆ Talk with your child about what will happen at school.
- ☆ Make preparations the night before in order to get an early start to school.
- ☆ Be sure your child has eaten a healthy breakfast.
- ☆ Put a surprise or special note or encouragement in the child's lunch box.
- ☆ Have your child at school or the bus stop slightly ahead of schedule.
- ☆ Help your child put things in their assigned places.
- ☆ Leave instructions if your child has special needs (e.g. medicine, relevant medical reports, emergency numbers, etc).
- ☆ Assure your child that you will be returning or that the bus will take her home at a certain time.

Teacher:

- ☆ Write to parents ahead of time and ask them to send a letter of introduction about their child.
- ☆ Give a tour of the school.
- ☆ Create a welcoming environment.

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- Provide parents with a list of needed supplies.
- Have extra supplies for children who come without them.
- Prepare a welcome letter and daily schedule for parents.
- Suggest that each child bring something special from home (e.g. a book or picture).
- Introduce each child to all peers.
- Greet each parent and child individually (be sure to speak to child at her eye level).
- Find out whether any child has special needs and what accommodations might be necessary.
- Designate a specific area for each child's belongings.
- Use name tags if you need to until you are able to learn each child's name.
- Reassure children that they will return home safely and on time.
- Plan cooperative play and learning activities to break the ice between classmates.
- Keep activities simple and independent - working with clay, dough, looking at picture books, drawing with crayons, constructing with blocks, etc.
- Establish a routine right from the start.
- Read to children and use the story and pictures to encourage children to share some of their feelings and experiences.

Activities:

- Take your child to the library and read books about separation and going to school. Try to get your child excited about being big enough to go to school.
- Help your child understand time by comparing the length of the school day to the length of an activity the child is familiar with (e.g. Sesame Street television program).
- Role play telling someone goodbye, introducing yourself to others, and participating in cooperative activities such as sharing.

BECOMING A READER

A child's path to becoming a reader begins at birth. Positive interactions with people and the environment lead to a child's understanding and use of language as a tool for communication and learning. Every child should be provided developmentally appropriate experiences, such as those suggested here, as a foundation for success with oral and written language.

Infants and Toddlers

Infants should be encouraged to participate with adults who:

- playfully encourage social smiling;
- exaggerate facial expressions;
- respond to the baby's imitation and talk in a slightly high-pitched voice to encourage cooing and babbling.

Infants can focus their eyes to follow movement in their surroundings. It is important to:

- show them pictures in books
- give them safe objects to hold.

These early activities and behaviors begin to lay the groundwork for eventual speaking, reading, and writing. Infants and toddlers should be supported in expanding their emerging language by:

- talking to them and using the names of the objects they see;
- singing short songs to them and playing soft background music as they play;
- encouraging the use of language during "pretend play";
- beginning to say "no" to interrupt inappropriate behavior;
- using words to converse with them about real things.

Toddlers should be encouraged to:

- turn pages in a book;
- point to and touch pictures as they name things;
- search for hidden objects during play; and
- begin to make marks and scribbles with crayons and paint.

Adults need to hold toddlers in their laps and offer them many opportunities to hear stories read aloud as they are held and cuddled. One of the most important and enjoyable things parents and children can do is read together.

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Preschoolers

Preschoolers enjoy many forms of language and language play. They should participate every day in:

- ☆ reciting nursery rhymes and finger plays and singing songs and moving or "dancing" to music;
- ☆ sharing jokes or humor, making up words, and playing with repeated and rhythmic sounds and words;
- ☆ drawing pictures of things that happen to them and the things that interest them;
- ☆ using "scribble writing" to make labels for their drawings;
- ☆ initiating conversation through the questions they ask and the things they share;
- ☆ talking about letters and words that are around them on labels, billboards, store signs, and mail.

Adults should continue to read children books and should encourage children to "pretend read" the stories they know well. It is important that children of this age hear many favorite books read aloud over and over and over so that they will learn to recognize which stories are in each book and will come to know that the same words are in a particular book every time it is read. It is also important to read some books the child has not heard before so that she will hear new words and expand her own language.

Adults can point out to children the differences in pictures or drawings and in writing or print. They can also support the child's attempts to "write" by recognizing that early marks often represent meaning. It is important to celebrate the child's intention to put a real experience or idea into a written form.

It is critical that preschoolers begin to view themselves as competent readers and writers, just as they have come to view themselves as successful as talkers.

Kindergartners

Ideally, children should have heard more than 1000 stories read aloud or told to them by the time they enter kindergarten. They should feel comfortable participating in a conversation with other children or with adults, and they should have enough words in their vocabularies to talk about the things that happen to them.

In kindergarten, they will have many opportunities to sing the songs and share the nursery rhymes they have learned. They will talk about the objects they have in the room and the stories that are read to them. They should also feel confident if asked to draw or "scribble write" about their experiences.

During the first year of school, children will continue to develop an idea that writing has meaning, and an understanding that the things they say can be put into a written form. Some children will already be interested in learning the names of letters and will be able to match some letters with the sounds they represent; others will just be beginning to notice these things about print; and still others will not yet understand that words and print are related.

Kindergarten teachers will make sure that the room is filled with print of all types and will record the things that children say so that they will learn to associate talk and writing. They will read aloud to the children, just as parents, grandparents, and other caregivers do at home.

Their familiarity with books and with listening to stories will be invaluable to kindergartners as they enter this more formal relationship with literacy, and continue to build upon the foundation that has been prepared.

WHERE TO TURN FOR HELP AND INFORMATION

The following is a list of all of the agencies who have participated in BRIDGES. This is by no means an exhaustive list of the resources available in the state. However, if you have a question, you may contact one of the parties listed below and, if they cannot provide the needed information, they should be able to direct you to someone who can.

Mississippi Department of Education
Office of Academic Education
Instructional Development
P.O. Box 771, Suite 231
Jackson, MS 39205
601-359-3498

Mississippi Department of Human Services
Office for Children and Youth
P.O. Box 352
Jackson, MS 39205-0352
601-359-4555

University of Southern Mississippi
Department of Special Education
P.O. Box 5135
Hattiesburg, MS 39406-5135
601-266-5135

- Mississippi Services for Children and Young Adults with Deaf-Blindness (funded by US Dept. of Ed. #H025A20030)
- Early Education Program for Children with Multiple Disabilities (Funded by US Dept. Of Ed. #H024B20011)

Mississippi Developmental Disabilities Council
239 N. Lamar Street
Suite 1101 Robert E. Lee Building
Jackson, MS 39201
601-359-6238

Hinds County Project Head Start
P.O. Box 22657
Jackson, MS 39225-2657
601-923-3940

Mississippi Department of Mental Health
Bureau of Mental Retardation
239 North Lamar Street
Suite 1101 Robert E. Lee Building
Jackson, MS 39201
601-359-1288

Mississippi Department of Education
Office of the Deputy Superintendent of Education
Special Education
P.O. Box 771, Suite 335
Jackson, MS 39205
601-359-3490

Mississippi State Department of Health
First Steps Early Intervention System
P.O. Box 1700
Jackson, MS 39215-1700
601-960-7427
1-800-451-3903

Delta State University
Department of Curriculum and Instruction
P.O. Box 3112
Cleveland, MS 38733
601-846-4385

University of Mississippi
School of Education
Department of Curriculum and Instruction
University, MS 38677
601-232-7100

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University of Southern Mississippi
Institute for Disability Studies
P.O. Box 5163
Hattiesburg, MS 39406-5163
601-266-5163

Mississippi Early Childhood Association
P.O. Box 13563
Jackson, MS 39236

Mississippi Action for Progress (Head Start)
1751 Morson Road
Jackson, MS 39209
601-923-4100

Parent Partners
3111 North State Street
Jackson, MS 39216
601-366-5707

Region IV Resource Access Project (RAP)
141 Mayes Street
Jackson, MS 39213
601-362-9154

MS Chapter of the American Academy of Pediatrics
P.O. Box 4725
Jackson, MS 39296-4725
601-354-7558

Jackson State University
P.O. Box 18889 - JSU
Jackson, MS 39217
601-968-2401

Mississippi Forum on Children & Families, Inc.
737 North President Street
Jackson, MS 39202
601-355-4911

Pearl River Valley Opportunity, Inc. (Head Start)
P.O. Box 188
Columbia, MS 39429
601-736-9564

In addition to the BRIDGES participants, the following resources are available to provide information and resources. (This list is not intended to be exhaustive and does not indicate endorsement of any program's practices by BRIDGES.)

The Parenting Place
Exchange Club Parent Child Center
2906 North State Street, Suite 200
Jackson, MS 39219
601-366-0025

Child Care Employee Project 415-653-9889

Council for Exceptional Children (and Division of Early Childhood) 703-620-3660

National Association for the Education of Young Children 1-800-424-2460

National Black Child Development Institute
202-387-1281

National Child Care Association 1-800-543-7161

Association for Childhood Education International
301-942-2443

I am Your Child 202-338-4385

ERIC Clearinghouse 1-800-328-0272

National Association of Bilingual Education
202-898-1829

National Association for Family Day Care
202-347-3356

National Center for Clinical Infant Programs
703-528-4300

Southern Early Childhood Association 501-663-0353

USING POSITIVE DISCIPLINE

Positive discipline is a technique which helps children develop the self-discipline required for a productive adulthood. It is responding to children's negative or difficult behaviors by providing fair and consistent consequences which are naturally or logically related to the situation. This is opposed to reacting with idle threats or harsh punishments which do not make sense to the child or directly relate to her behavior. It is especially important not to belittle or degrade the child in anger or frustration.

The word discipline comes from *"disciple"* and involves the process of teaching. Therefore, all discipline should include a lesson for the child about the effects of her behavior and why it would be in her best interest and the interest of others to change it. The lesson should never make the child feel that she is bad as a person, because then she would have no reason to try to change. If a child is repeatedly labeled "bad," she may internalize that message and begin acting worse. Children generally live up to the expectations that adults in their lives set for them. When teaching a lesson, it is important to provide a clear explanation of why the behavior is unacceptable. Then, the child can begin to understand the reason and avoid future occurrences. Without an explanation, the child has no way to determine the real problem and therefore cannot avoid future incidents.

Principles of Positive Discipline

Positive Discipline . . .

- ☆ Promotes a positive approach to life.
- ☆ Avoids resulting discouragement.
- ☆ Separates the act or behavior from the child's value as a person.
- ☆ Encourages more than it praises or punishes.
- ☆ Teaches children to consider the feelings of others as well as their own.
- ☆ Is consistent with logic and the natural laws of the world.
- ☆ Demonstrates faith in the child's ability and desire to be helpful and kind.
- ☆ Is healthy and contagious.
- ☆ Allows children to learn how to control their own behavior in order to positively affect their futures.

Infants

For infants, it is important to create a consistent environment where they can feel safe and know what to expect. Developing trust in caregivers is the first step toward creating the relationship necessary for positive discipline. Describe for your infant what is happening and why. For example, before placing the baby in the bathtub, point and say, "It's time for your bath. We're going to get you nice and clean." This sets up the basis for the infant to learn that things generally happen for a reason rather than because of random acts of chaos.

Toddlers

For toddlers, it is important to refrain from engaging in power struggles which often end in situations where no one wins. One of the easiest and most successful ways to do this is by offering simple choices, but only when the child's decision can be accepted. For example, when it is time to leave for a doctor's appointment, instead of saying "Do you want to go for a ride?" say, "Do you want to take a stuffed animal or a book to the doctor's office?" That way, the child can satisfy part of her growing need for independence by making a choice instead of

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by throwing a temper tantrum about refusing to leave the house. With toddlers, it is very important to pick your battles, both for the sanity of the caregiver and the child's growth.

Part of toddlerhood is realizing that one's own wants and ideas are different from those of others. Adults should allow for expression of this new knowledge within reason. That is how children become confident in their abilities rather than becoming people who always cater to the desires of others. If something is not crucial, it is wise to let the toddler do it her way. However, when something is crucial, the adult must be firm, identify the consequences of the child's continued resistance, and follow through exactly as the child was told.

Preschoolers

For preschoolers, it is increasingly important to always give children reasons for doing or not doing something. This becomes an issue as more preschoolers attend some type of group program with different rules and expectations than they have at home. A child may not understand why she needs to ask to use the bathroom at school but not at home. These differences in expectations are important to explain to the child before requiring a child to abide by them.

Most preschoolers have already mastered simple cause and effect (such as, "If I push this button, the toy will ..."). Therefore, the preschool years become a crucial time for explaining natural and logical consequences. Sometimes, children will learn from natural consequences on their own. For example, if a child builds a wonderful tower of blocks and accidentally kicks it over as she jumps up to get your attention, she will likely learn to be more careful next time if she realizes why it happened. Other times it may be too dangerous to allow the natural consequence to take effect. For example, if a child runs into the street, you obviously cannot allow the natural consequence of being hit by a car. However, at least part of her punishment should be an explanation of the danger of cars and the logical consequence of her not being allowed to play unsupervised outside near the street.

Oftentimes, situations will involve both natural and logical consequences. If a child throws a plastic toy against the wall, you might say, "Now it's broken (natural), and we have to throw it away. I'm sorry, but you won't be able to play with it anymore (logical)." Or, if a child hit another child, you might say, "We don't hit our friends. You need to sit here and think about what you did (logical). I bet Susie might not want to play with you anymore (natural)." The more you can explain and enforce natural and logical consequences, the less you will need to rely on artificial punishment (such as spanking), and the more you can trust that the world will be teaching your child the same lessons in your absence.

Kindergartners

Children coming to kindergarten will have more varied social experiences, will be required to understand and accept necessary limits and to participate in setting limits that make a group work more easily together. Though adult assistance and monitoring is usually necessary with kindergartners, children will also play and learn in small groups and will decide on their own "rules" and participate in negotiating and compromising. Research has indicated that children who do not learn these social behaviors by the time they are eight years old, may possible have a very difficult time successfully working in groups later. Children who come to understand that they are responsible for their own behaviors and make the choices that govern their behaviors as they participate in a wide variety of social groups, will have more successful experiences throughout life. Like any skill, self discipline comes through practice and is developed gradually.

ENCOURAGING CREATIVE ARTS

The feelings and experiences of children are best expressed through art forms, which are natural extensions of play. Music, dance, drama, and visual arts such as drawing and painting are some of the forms all people use to recreate experiences in order to better understand them. Young children begin to explore these forms as toddlers; singing names and chanting phrases almost as soon as they can speak, hopping and jumping as they reach for the sky or bending from left to right to test their bodies in new shapes, putting on their mother's shoes and father's tie and having a pretend tea party, and scribbling with a stick in the dirt to shape lines that did not exist before. Children see things differently than adults and observing their art forms can help us to share their ways of seeing and understanding so that we will know better how to respond in order to help them feel secure and continue to learn.

Parents and caregivers can build on this natural way of knowing and exploring the world by:

☆ providing safe and interesting materials to use in creating music, drawings, and paintings;
☆ providing old clothes, scarves, and lengths of fabric to be used in creating new characters;
☆ encouraging pretend play by entering into the imaginary world as another playmate;
☆ using available props to encourage exploration - sturdy boxes, sheets hung as stage curtains, or draped to make tents, old telephones and typewriters to suggest experiences of the real world;
☆ sharing the stories of our lives and encouraging them to tell stories of their own lives as we listen attentively.

Visual Arts

Children progress through similar stages of development in their art, as they do in their physical and language development. Although the stages are predictable, children move through them at individual rates and times. In drawing or painting, for example, the child may at first make random marks on paper, in sand, or on a dusty automobile. He then proceeds to scribbling up and down or back and forth. These longitudinal scribbles are repeated and will eventually begin to include circular patterns. Some children will name these scribbles, others will not. As the child's motor skills continue to develop and he gains experience, he will begin to draw recognizable objects. Many children focus on people as the subject of their artwork.

During these early stages, it is important to provide children with continuous access to appropriate materials which support their individuality as they develop (crayons, unlined paper, paints, markers, sidewalk chalk, etc). Materials such as coloring books and worksheets do not allow children to naturally refine their own skills and ideas, and they may also send ~~the~~ message that the child's view of the world is not the correct or valued one. **Rather than providing models for children to color or copy, adults should encourage children to explore the details of real objects by pointing out their similarities and differences.**

As children represent the world through their art, adults can better understand how they are viewing their experiences. Workbooks and worksheets represent an adult view of the world, not the child's view. Children will often use color, size, space, and shape in ways that seem unrealistic. In a child's picture, the trees may be blue, people may be larger than the house, objects may seem to float around the page, and a wagon may be oval-shaped. **For young children, the process of creating artwork is far more important than the product.** Generally, the child may focus on only those elements of the picture that are important in his thinking at that time. To understand the child's thinking, we must pay attention to the things he tells us about his art work. The

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meaning of a piece of art can be understood only if we listen to the child. In fact, there often is no meaning; the child may have been experimenting with color or shape or simply enjoying the movement and rhythm involved in using the crayon or the marker. If we respond with interest and listen carefully, we can learn what was involved in the process. The reactions of important adults in the child's life can either nurture or prematurely stifle a child's creative expression.

Infants

Infants first exhibit their interest in art by smearing strained vegetables around on their high chair trays. They learn through this that their hand and arm actions change the way the peas and carrots look.

Toddlers

The cause-and-effect process continues to be important during toddlerhood. They are not interested in a final product of art, but are only engaged by the process. Toward the end of this stage, they may begin to notice the lines and shapes they have created. Appropriate activities include:

- ☆ finger painting and shaving cream on paper, a mirror, a window, or a car tabletop;
- ☆ scribbling with large crayons, marking pens, or sponge brushes and paint;
- ☆ painting with old roll-on deodorant bottles filled with liquid tempera;
- ☆ painting with a large paintbrush dipped in water (especially effective on a warm day when the water quickly evaporates);
- ☆ tearing bits paper and pasting them onto a whole sheet of paper.

Preschoolers

Learning that art is a natural part of life is an important goal for preschoolers. The art process should be child-centered and should be focused on the process of creating rather than on the final product. Art activities should be planned throughout the day and can allow for the release of angry feelings as well as providing a way to express happy, positive emotions. Preschoolers can begin to experience a variety of visual/tactile art activities including:

- ☆ painting with brushes, roller bottles, toothbrushes, eyedroppers, etc.;
- ☆ collage with torn paper, pictures cut from magazines, and 3-D projects;
- ☆ fabric, weaving, and stitchery projects;
- ☆ chalk and blotter art;
- ☆ a variety of modeling activities including clay, Play-Doh™, salt dough, etc.;
- ☆ printing and dyeing.

Kindergartners

Kindergartners will continue to expand their repertoire of art activities and will be introduced to an ever-growing variety of media. They will also become more conscious of their products and may be more sensitive to the responses of others to their work. Sensitivity can easily inhibit the natural creative process if children get the idea that there is a "right" way for things to look or a "real" way to see things. Adults should continue to ask children about their work in non-judgmental ways.

Many kindergarten teachers will connect the teaching of writing to the child's creative process. Children may be asked to dictate labels for their paintings and 3-dimensional work, to illustrate stories they have written using scribble-writing or beginning phonetic writing, or to cut out pictures that begin with the first letter of their names. The symbols related to written language will have meaning first only as "pictures." If children feel confident about making pictures to convey meaning through a variety of media, they will feel even more confident about using written language to convey meaning.

Music

Music is an important way of providing sensory input for the infant and young child, as a way of exploring language in a different and interesting format, and as a way of expressing emotions and feelings. New research on the pattern-building process of the brain suggests that music plays and especially important role in this process.

Infants and Toddlers

Parents and caregivers of infants and toddlers can take advantage of the brain's tendency to tune in to music by:

☆ playing soft background music as the child goes to sleep or as he explores books and toys;
☆ encouraging the child to experiment with sound and rhythm - hitting a pan with a spoon, banging on an oatmeal box, chanting interesting words and patterns, etc.;
☆ singing to the child and playing such rhythmic games as "Pat-a-Cake," "Horsey," and "Twinkle, Twinkle, Little Star";
☆ repeating favorite words and phrases, the child's name, or questions and answers in a rhythmic tune (e.g. "bye-bye", "Anna-Banana", or "Where is Daddy, Where is Daddy? There he is, there he is", etc.);
☆ having a record player or tape player that the child can use personally to play her own songs.

Preschoolers and Kindergartners

There is recent evidence that through appropriate instruction in music, young children can begin to learn how to play an instrument. Such teaching requires highly trained specialists who can effectively work with parents and children to encourage an interest in the process as well as teach fundamentals. Musical talent may show up earlier than any other type of intelligence. If young children show this special interest in musical form, their interest should be nurtured. All children have some amount of musical intelligence. To develop this, preschoolers and kindergartners should have all of the experiences suggested for infants and toddlers. In addition:

☆ provide instruments that the child can use - a toy or real piano, xylophones, drums and other rhythm instruments, stringed instruments;
☆ expose the child to music and musicians of all types;
☆ use music throughout the day to promote relaxation and as a management tool;
☆ play tapes, CDS, and music videos;
☆ sing with children everyday.

See "Promoting Movement" for information on expressive movement and dance.

WATCH ME GROW...

Birth to 3 Months

A. Lifts head and chest when on stomach
B. Moves arms and legs easily
C. Follows your movements by turning head side to side
D. Easily takes a bottle or breast and sucks well
E. Startles or cries at sudden loud noises
F. Looks at you, watches your face
G. Makes gurgling or cooing sounds
H. Smiles in response to your smile
I. Quiets easily when comforted

3 to 6 Months

6 to 12 Months

12 to 18 Months

18 Months to 2 Years

2 to 3 Years

3 to 4 Years

4 to 5 Years

5 to 6 Years

HEARING:
Does the child . . .

A. Show awareness of home noises (telephone, doorbell, television)
B. Use a voice that is not too loud or too soft
C. Play with toys that make noise (rattles, bells)
D. Imitate sounds (after age 1 year)
E. Use some word endings ("s" or "ing") after age two
F. Follow verbal directions
G. Maintain a moderate volume on the television or radio
H. Listen to stories, records, or television without difficulty
I. Speak so most people can understand (if older than 2½ years)
J. Come to you when called from another room (after age 2 years)

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VISION:
Does the child . . .

A. Make eye contact
B. Follow a moving object with eyes
C. Walk or crawl without frequently bumping into objects
D. Look at people and things without covering one eye
E. Hold objects at normal distance (after age six months)
F. Walk or crawl smoothly across shadows or areas that look different (carpet or tile)
G. Look at people and things without eyes crossing or squinting (after nine months)
H. Have eyes that are clear, not red or watery

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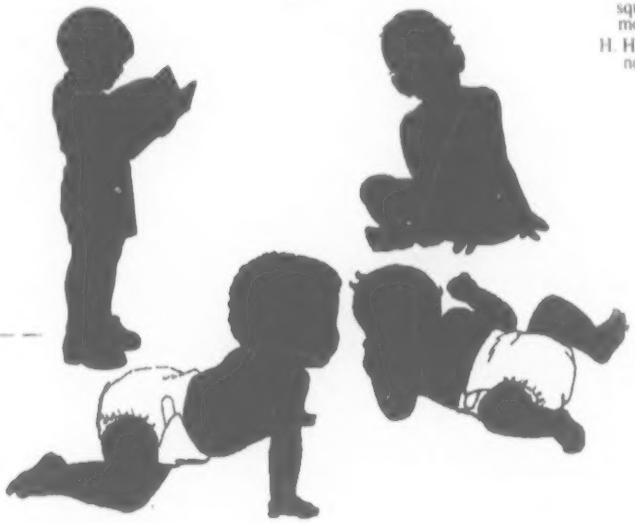
WATCH ME GROW...



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WATCH ME GROW...

Birth to 3 Months

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G. Makes gurgling or cooing sounds
H. Smiles in response to your smile
I. Quiets easily when comforted

3 to 6 Months

A. Plays with feet when on back
B. Lifts head and chest with weight on hands when on stomach
C. Holds head upright and steady without support
D. Rolls from stomach to back and back to stomach
E. Plays with own hands by touching them together
F. Reaches for a toy
G. Picks up a toy placed within reach
H. Turns head toward sounds
I. Makes lots of different sounds
J. Laughs out loud
K. Begins to show likes and dislikes

6 to 12 Months

A. Pulls self to stand with some help
B. Sits without help while playing with toys
C. Transfers small objects from one hand to the other
D. Feeds self finger food
E. Imitates waving bye-bye
F. Lets you know needs with motions and sounds
G. Copies speech sounds (ba-ba/gaga)
H. Takes turns while playing with adult (actions, sounds,or facial expressions)
I. Understands a simple question ("Do you want more?")
J. Knows parents from rangers

12 to 18 Months

A. Walks alone
B. Picks up small objects (raisin size)
C. Puts in and dumps objects from containers
D. Puts one object on top of another
E. Feeds self with spoon
F. Holds and drinks from a cup with some spilling
G. Points to several things or pictures when named
H. Says two or three different words in addition to "Mama" or "Dada"
I. Asks for things using words

18 Months to 2 Years

A. Walks up and down stairs with hand held
B. Scribbles
C. Moves body in time to music
D. Puts two words together ("more juice")
E. Begins to ask question "juice?", "bye-bye?"
F. Feeds self a sandwich taking bites
G. Takes off socks and shoes
H. Looks at storybook pictures with an adult
I. Makes simple choices among toys (puzzles or trucks)
J. Mimics another child's play (pouring sand, throwing ball)

2 to 3 Years

A. Walks well, runs, stops, steps up, and squats
B. Stacks more than two objects
C. Uses the spoon and cup independently when eating
D. Follows two-step directions ("Get the book and put it on the table.")
E. Names five to six body parts on self
F. Takes part in simple conversation
G. Answers simple "What" and "What do" questions ("What do you want for lunch?")
H. Points to or names objects when told their use ("What do you drink from?")
I. Helps with simple tasks (picking up toys)
J. Uses 2-3 word sentences regularly

3 to 4 Years

A. Jumps, runs, throws, and climbs using good balance
B. Draws up, down, around, and sideways using a crayon
C. Uses materials and toys to make things
D. Enjoys being read to and looking at picture books
E. Understands words that tell where things are (behind, under, in, on)
F. Uses speech that is easily understood
G. Asks a lot of "why" and "what" questions
H. Enjoys playing with other children
I. Waits for turn some of the time
J. Answers simple "where" and "who" questions

4 to 5 Years

A. Enjoys tumbling or other games that use large muscles (like the legs)
B. Hops one one foot
C. Draws face to look like a real face
D. Puts on clothes with little help
E. Ask questions using "what, where, who, and why"
F. Says most speech sounds clearly except for "s, z, th, and r"
G. Uses words that show size and number (big, many)
H. Says both first and last name
I. Enjoys playing with children of the same age

5 to 6 Years

A. Enjoys catching, throwing, and kicking a ball
B. Has good balance when playing large muscle games (tag, tumbling, baseball)
C. Enjoys cutting with scissors
D. Dresses self including buttoning snapping and zippering
E. Shows interest in writing words
F. Talks like the family talks (uses same kind of words and sentences)
G. Follows three step directions in the order given ("Get the ball, put it in the toybox and come to the table.")
H. Says full name, age and sex
I. Enjoys playing organized games with other children (Simon Says, tag)

WHY: This information is a quick organized way of helping to detect possible problems with a child's vision, hearing, and/or development. It looks at the whole child, including thinking skills, social skills, listening and talking skills, and movement skills. Movement skills are divided into small muscle (fingers) and large muscle (arms, legs, etc.) activities. It is important to be mindful of possible problems with hearing and vision for children of all ages.

IMPORTANT! This information is designed to help parents and other caregivers recognize areas that may deserve a second look by a professional who can give a complete developmental test. ***This is not intended to be a developmental test.***

WHO: This wheel may be used by anyone who works with young children including parents, child care providers, case workers, and preschool staff.

WHEN: Watch and listen to the child during ordinary play times. It is important to look at the child in the context of normal everyday activities, not in isolation.

HOW: Turn the opening on the wheel to the child's age. Read the activities listed in that section and in the Vision and Hearing sections on the wheel itself. Consider each activity based on your knowledge of the child to see if the child is able to do the activity. If you believe the child cannot perform an item, be sure ample opportunities have been made available to the child.

Each age section lists activities that most children will be able to do sometime between the ages listed. For example, by 12 months, most children will be able to do all of the activities listed in the 6-12 months section. However, most children will not be able to do all of these things at 6 months. Therefore, do not be too concerned if a child at the early end of the age level cannot do all of the activities.

WHAT NEXT: If you have a concern about the child after reviewing the information, there are several options:

Parents	Child Care Providers/Teachers
Wait and see if the child develops the skill.	Wait and see if the child develops the skill
Talk to your physician.	Talk to the parents. Develop a plan of action for the child.
Call the First Steps Early Intervention System at the Mississippi State Department of Health (ages birth to three years) at **1-800-451-3903** to arrange a thorough, transdisciplinary developmental assessment.	If necessary, assist the parents in contacting the First Steps Early Intervention System at the Mississippi State Department of Health (ages birth to three years) at 1-800-451-3903 or their local school district (ages 3 and up).
Call your local school district (ages 3 and up) to discuss possible options and arrange an assessment.	

This information was adapted from:
"The Developmental Wheel" developed
by the Washington Birth to Six State Planning
Project, At-Risk Prevention Committee

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on Children and Families, Inc.

First Steps
Mississippi's Early Intervention Program
For Infants And Toddlers
Mississippi State Department of Health

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

EARLY EDUCATION PROGRAM FOR CHILDREN
WITH MULTIPLE DISABILITIES
Department of Special Education
University of Southern Mississippi

Delta State
University

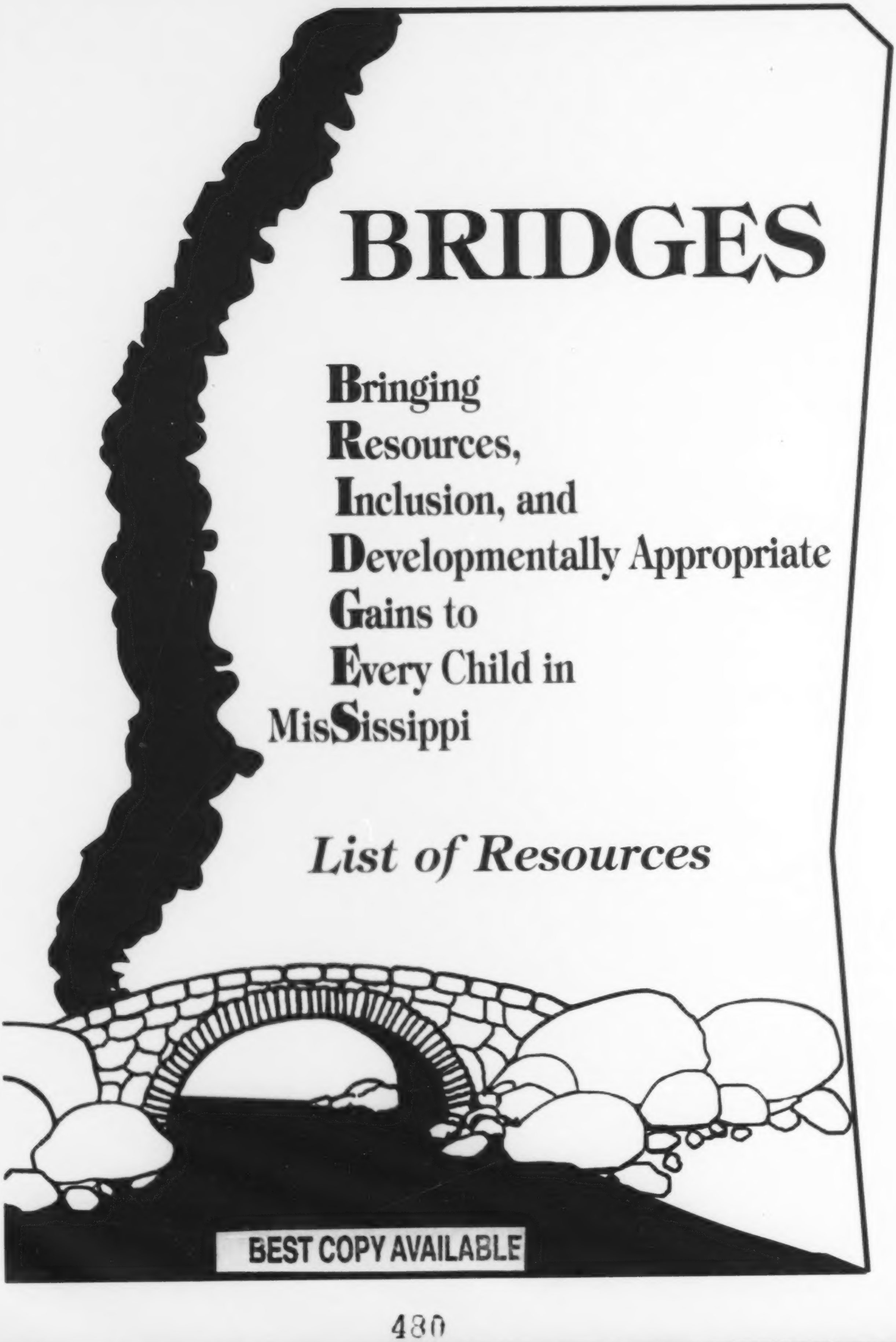
Mississippi Community Based Services
For Children And Young Adults
With Deaf-Blindness
Department of Special Education
University of Southern Mississippi

The
University of Mississippi

I AM YOUR CHILD

The American Academy of Pediatrics
Mississippi Chapter

MISSISSIPPI
EARLY
CHILDHOOD
ASSOCIATION
P O Box 13563 Jackson Mississippi 39236-3563



BRIDGES

Bringing
Resources,
Inclusion, and
Developmentally Appropriate
Gains to
Every Child in
Mis**S**issippi

List of Resources

The BRIDGES Team has compiled a List of Resources on various subjects concerning early childhood development and education. Each subject is divided into sections (books, curricula, videos, etc.) .

The BRIDGES Team, composed of individuals with varied backgrounds and experiences, but all of whom work with children, has access to a wide variety of materials. This List of Resources is not intended to be an all-inclusive list of materials and the BRIDGES Team does not endorse the use any specific information. It is available for your review to use in your particular situation.

These materials are available on loan or can be purchased. All materials listed, except those having an asterisk (*), are available and can be borrowed from the First Steps Resource Library at the Mississippi State Department of Health. The library can be reached by calling 1-800-451-3903 or, in Jackson, 960-7427.

The materials marked with "**" are available through the Mississippi Department of Education. Other materials can be found in libraries or purchased.

The following subjects are addressed in this List of Resources:

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Emotions and Temperament 47
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Involving Parents in Early Childhood Programs 54

Watch Me Grow

Books

Atypical Infant Development, Second Edition, Marci J. Hanson, Pro-Ed, 1996

* Starting Out Right: Your Child's First Seven Years, Doris E. Durrell, New Harbinger Publishers

Developmental-Behavioral Pediatrics, Second Edition, Melvin D. Lewis, William B. Carey and Allen C. Crocker, W.B. Saunders Company, 1992

Motor Skills Acquisition in the First Year: An Illustrated Guide to Normal Development, Lois Bly, Therapy Skill Builders, 1994

Normal Development of Functional Motor Skills: The First Year of Life, Rona Alexander, Regi Boehme and Barbara Cupps, Therapy Skill Builders, 1993

Observing Development of the Young Child, Third Edition, Janice J. Beaty, Prentice-Hall, 1994

Understanding Child Development: For Adults Who Work with Young Children, 4th Edition, Rosalind Charlesworth, Delmar Publishers, 1996

Curricula

Active Learning for Infants, Debbie Cryer, Thelma Harms and Beth Bourland, Addison-Wesley Publishing Company, 1987

Active Learning for Ones, Debbie Cryer, Thelma Harms and Beth Bourland, Addison-Wesley Innovative Division, 1987

AEPS(Assessment, Evaluation and Programming System for Infants and Children) Curriculum for Birth to Three Years, Volumes I & II, Diane Bricker, Paul H. Brookes Publishing Company, 1993

Ages and Stages: Developmental Descriptions & Activities Birth Through Eight Years, Karen Miller, Telshare Publishing Company, 1985

Caring for Infants and Toddlers, Volumes I&II, Diane Trister Dodge, Teaching Strategies, 1991

Developmental Play Group Guide, Barbara C. Browne, Communication Skill Builders, 1995

Early Communication Games: Routine Based Play for the First Two Years, Deborah D. Casey Harvey, Communication Skill Builders, 1995

Games to Play with Babies, Revised, Jackie Silberg, Gryphon House, 1993

Games to Play with Toddlers, Jackie Silberg, Gryphon House, 1993

Goal Oriented Gross and Fine Motor Lesson Plans for Early Childhood Classes, Donna Weiss, VORT Corporation, 1990

Help at Home, VORT Corporation, 1988

Helping Babies Learn Developmental Profiles and Activities for Infants and Toddlers, Setsu Furuno, Therapy Skill Builders

Helping Baby Grow: Practical Activities for Infants Birth to 16 Months, Patty Deery and Cindy Ham, T.S. Denison & Company, 1989

Infants and Toddlers Curriculum and Teaching, Second Edition, LaVis Cam Wilson, Delmar Publishers, 1990

More Things to Do with Toddlers and Twos, Karen Miller, Telshare Publishing, 1990

Normal Development Copybook, Marsha Dunn Klein, Nancy Harris Ossman and Barbara Tracy, Therapy Skill Builders, 1991

Pre-Feeding Skills: A Comprehensive Resource for Feeding Development, Suzanne Evans Morris and Marsha Dunn Klein, Therapy Skill Builders

Pre-Scissor Skills, Third Edition, Marsha Dunn Klein, Therapy Skill Builders, Marsha Dunn Klein, Therapy Skill Builders, 1990

Pre-Writing Skills, Revised Responding to Infants: The Infant Activity Manual 6-30 Months, Inez D. Moyer, T.S. Denison and Company, 1990

The Infant and Toddler Handbook: Invitations for Optimun Early Development, Kathryn Castle, Humanics Limited, 1983

The Toddler Calendar, Elaine Commins, T.S. Denison and Company, 1992

Things to Do with Toddlers and Twos, Karen Miller, TelShare Publishing, 1984

Three to Get Ready: Gross, Fine, and Oral Motor Experiences for Concept Building, Beth Ann Czesak-Duffy and Elaine A. Giaimo, Communication Skill Builders, 1991

Thrifty Nifty Stuff for Little Kids, Dee A. Blose and Laura L.Smith, Communication Skill Builders, 1995

Videotapes

Child Development Birth to Five (English and Spanish versions available)

Cognitive Development, Young Adult Institute

Development of Pre-Writing and Scissors: A Visual Analysis, Therapy Skill Builders

Emotional Development, Young Adult Institute

**Infancy: Landmarks of Development*, Magna Systems, Inc.

Infant Motor Development: A Look at the Phases, Therapy Skill Builders

Infant Development: A First-Year Guide to Growth and Learning, Johnson and Johnson

Is My Baby Ok?, Pathways Awareness Foundation

Language Development, Young Adult Institute

Motor Development, Young Adult Institute

Normal Development of Walking, Communication Skill Builders

Normal Hand Development Birth to 15 Months, Therapy Skill Builders

Normal Infant Relexes and Development, Therapy Skill Builders

Normal Development of Reach and Grasp, Therapy Skill Builders

Normal Visual Development, Therapy Skill Builders

**The Developing Child The Newborn: Development and Discovery*

**The Developing Child Infancy: Beginnings in Cognition and Language*

**The Newborn: Development and Discovery*, Magna Systems, Inc.

Brochures and Pamphlets

Child Development from Birth to 3 Years Old

Parents...If You See Any Of These Warning Signs

Your Child's Growth: Developmental Milestones

**Off to a Sound Start: Your Baby's First Year*, NAEYC

Information from *Parent Articles*

Cognitive Development

Components of Motor Development

Development of the Preschool Child

Emotional Development of Children with Disabilities

Fine Motor Development: The First Year

Infant Stimulation (Birth to Eight Months)

Language Development

Normal Emotional Development

Normal Development of Social Skills

Principles of Normal Development

Articles From *Newsweek Special Edition*, Spring/Summer, 1997

**Turning on the Motor*

**The Language Explosion*

**Cultivating the Mind*

**A Bundle of Emotions*

Health and Nutrition Information

Books

Bright Futures: Guidelines for Health, Supervision of Infants, Children, and Adolescents, Morris Green, National Center for Education in Maternal and Child Health

Promoting Health Through Part H, The Health Focus Group of the National Early Childhood Technical Assistance System, 1991

Preschool Children with Special Health Care Needs, Mary Theresa Urbano, Singular Publishing Group, 1992

Understanding Your Health Insurance Options: A Guide for Families Who Have Children with Special Health Care Needs, Margaret A. McManus, McManus Health Policy, 1988

Working Toward a Balance in Our Lives: A Booklet for Families of Children with Disabilities and Special Health Care Needs, Project School Care, Children's Hospital, 1992

Your Child and Health Care, Lynn Robinson Rosenfeld, Paul H. Brookes Publishing Company, 1994

Developmental Nutrition, Karen Oliver, Ross Laboratories, 1979

Hereditary and Your Family's Health, Aubrey Milusky, John Hopkins University Press, 1992

Nutrition: A Health Promotion Approach, Geoffrey P. Webb, Singular Publishing Group, 1995

Nutrition in Infancy and Childhood, Fourth Edition, Peggy L. Pipes, Times Mirror/Mosby College Publishing, 1989

Pediatric Nutrition in Chronic Diseases and Developmental Disorders: Prevention, Assessment, and Treatment, Shirley Walberg Ekvall, Oxford University Press, 1993

Fair Start for Children, Mary Larner, Robert Halpern and Oscar Harkavy, Yale University Press, 1992

Handbook of Pediatric Nutrition, Patricia M. Queen and Carol E. Lang, Aspen Publishers, 1993

Health in Day Care: A Manual for Health Professionals, American Academy of Pediatrics, 1987

Infections in Children: A Sourcebook for Educators and Child Care Providers, Richard D. Anderson, et al., Aspen Publishers, 1986

Patient Education Materials: A Resource Guide, National Center for Education in Maternal and Child Health, 1991

The A-Z Reference Book of Childhood Conditions, Patricia Gilbert, Singular Publishing Group, 1995

The Nursery Food Book, Mary Whiting and Tim Lobstein, Edward Arnold, 1992

Curricula

Feeding and Nutrition for the Child with Special Needs: Handouts for Parents, Marsha Dunn Klein and Tracy A. Delaney, Therapy Skill Builders

Videotapes

Infant Health Care: A First Year Support Guide for New Parents

Preventing Injuries

Preventing Sexual Abuse

Stress and Coping

Who are the Children Being Born Today

**Nutrition*, Magna Systems

Nutrition Assessment of Children with Developmental Disabilities

The Missing Link: Including Nutrition Services in Early Intervention Programs

Brochures/Pamphlets

About Child Safety (English & Spanish)

Caring for Your Newborn

Your Baby's First Year: ABC's of Infant Care

What You Should Know About Infant Nutrition

About Keeping Your Child Healthy (English & Spanish)

New Dad Facts

New Mom Facts

Feeding Your Child: Newborn to Toddler

Parents...If You See Any of These Warning Signs

You and Your Pediatrician: Guidelines for Parents

Your Child's Hearing: A Guide for Parents

Introducing Your Baby to Solid Food

Allergies in Childhood

Allergies in Children: Plain Talk for Parents

Tonsils & Adenoids: A Guide for Parents

Earache in Children

Eczema in Children: A Guide for Parents

A Food Guide for the First Five Years, Education Dept., National Cattlemen's Beef Assn., 444 N. Michigan Ave., Chicago, IL 60611

Information from *Parent Articles*

Childhood Ear Infections

Articles from *Newsweek Special Edition*, Spring/Summer, 1997

**You've Come A Long Way, Baby*

**The Top 10 Health Worries*

**Giving Infants a Helping Hand*

**Beyond An Apple A Day*

**Preventing a Hard Day's Night*

Children's Books

*Growing Vegetable Soup

*The Very Hungry Caterpillar, Eric Carie

*Green Eggs and Ham, Dr. Suess

*If You Gave A Mouse A Cookie, Laura Jaffe Numeroff

*Each Orange Has 8 Slices

*Sheep Out to Eat, Nancy Shaw

*Eating The Alphabet, Lois Ehlert

*Bread and Jam For Frances, Russel Hoban

*Gregory, The Terrible Eater, Mitchele Sharmat

Facts About Mississippi's Children

Books

Deepest Springs in the Heart. Kids Count Mississippi. 1994 - 1996 Data Book. KIDS COUNT Mississippi. Annie E. Casey Foundation. (410)223-2890

Kids Count Data Book. 1996. Annie E. Casey Foundation (410) 223-2890

*Kids Count Data Book. 1997. Annie E. Casey Foundation (410) 223-2890

*The State of America's Children Yearbook. 1996 Children's Defense Fund

Where To Turn For Help and Information

Books

Testing Young Children: A Reference Guide for Developmental, Psychoeducational, and Psychosocial Assessments, Jan L. Culbertson and Diane J. Willis, Pro-Ed, 1993

Teaching the Young Child with Motor Delays, Marci J. Hanson and Susan R. Harris, Pro-Ed, 1986

Organizing and Maintaining Support Groups for Parents of Children with Chronic Illness and Handicapping Conditions, Minna Newman Nathanson, Association for the Care of Children's Health

SOS! Help for Parents, Lynn Clark, Parents Press, 1996

Steps to Starting a Family Resource Center or Self Help Group, Florence Stewart Poyadue, 1993

Transdisciplinary Play Based Assessment, Toni W. Linder, Paul H. Brooks Publishing Co., 1994

Curricula

Transdisciplinary Play-Based Intervention (TPBI) Guidelines for Developing A Meaningful Curriculum for Young Children, Toni W. Linder, Paul H. Brooks Publishing Co., 1993

Videotapes

Assisting Parents Through the Mourning Process

**The Birth of A Sick or Handicapped Baby: Impact on the Family* (800-405-8942)

Brochures/Pamphlets

If You Think Your Child Has a Speech Problem

**How Can Parents Identify a High Quality Preschool Program?*, ERIC

**Homeschooling Resources for Parents and Students*, ERIC

Information from *Parent Articles*

What To Do When You Don't Understand Your Child's Speech

Articles From *Newsweek Special Edition*, Spring/Summer, 1997

**Your Baby Has A Problem*

**When A Child's Silence Isn't Golden*

Ideas for Preschool Learning Experiences

Books

Administering Preschool Programs in Public Schools, Patricia S. Miller and James O. McDowell, Singular Publisher Group, 1993

Curricula

Creatability: Creative Arts for Preschool Children with Special Needs, Fran Herman and James C. Smith, Communication Skill Builders, 1992

Developing Preschool Language Programs: A Resource Guide for the SLP, Children's Language Institute, Communication Skill Builders, 1990

Creating the Inclusive Preschool: Strategies for a Successful Program, Richard van den Pol, Jean Guidry and Beth Keeley, Therapy Skill Builders, 1995

Achieving Learning Goals through Play, Anne H. Widerstrom, Communication Skill Builders, 1995

Activity- Based Intervention Guide with More Than 250 Multisensory Play Ideas, Marcia Coling and Judith Nealer Garrett, Therapy Skill Builders, 1995

Ages and Stages: Developmental Descriptions and Activities Birth Through EightYears, Karen Miller, Telshare Publishing Company, 1995

Caregivers Education Guide for Children with Developmental Disabilities, Aspen Reference Group, Aspen Publishers, 1994

*Complete Early Childhood Curriculum Resource, Mary A. Sobert and Bonnie Neuman Bogen, The Center for Applied Research in Education, N. Y., 1991

Creative Play Cut-Outs for Speech and Language Development, Laurie Guess and Jessica Vollmer, 1995

*Creative Resources For the Early Childhood Classroom, Judy Herr and Yvonne Libby, Delmar Publishing, 1995

Designing and Implementing Programs, Volume 1, Mississippi State Department of Education Special Services, 1992

Normal Development Copybook, Marsha Dunn Klein Nancy Harris Ossman and Barbara Tracy, Therapy Skill Builders, 1991

Pre-Dressing Skills, Revised, Marsha Dunn Klein, Communication Skill Builders, 1983

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*The Creative Curriculum for Early Childhood, Diane Trister Dodge, Teaching Strategies

*The Everything Book For Teachers of Young Children, Valerie Indenbaum and Marcia Shapiro, Partner Press. Livonia, Michigan, 1985

Thrifty Nifty Stuff for Little Kids, Dee A. Blose and Laura L. Smith, Communication Skill Builders, 1995

Transdisciplinary Play-Based Intervention: Guidelines for Developing a Meaningful Curriculum for Young Children, Toni W. Linder, Paul H. Brookes Publishing Company, 1993

Traveling Totes: Carryover Kits You Create, Constance D. O'Dell and Donna R. Frank, Communication Skill Builders, 1996

Whole Language Literature Activities for Young Children, Mary A. Sobert and Bonnie Neuman Bogen, 1993

Videotapes

Activity-Based Intervention

And You Thought They Were Just Playing: Transdisciplinary Play-Based Assessment

Development of Pre-Writing and Scissors Skills: A Visual Analysis, Kristin Johnson Levine, Therapy Skill Builders

**Infant Curriculum: Great Explorations*, NAEYC

New Room Arrangement as a Teaching Strategy Video, Diane Trister Dodge, Teaching Strategies

**The Creative Curriculum for Early Childhood Video*, Diane Trister Dodge, Teaching Strategies

**Toddler Curriculum: Making Connections*, NAEYC

Brochures/Pamphlets

**How Can We Strengthen Children's Self-Esteem*?, ERIC; Clearinghouse of Elementary and Early Childhood Education, University of Illinois, 18005834135

*Summer Home Learning Recipes for Parents and Children, Mega-Skills; 1-800-USA-LEARN, U.S. Department of Education OR The Home and School Institute, Washington, DC

Articles From *Newsweek Special Edition*, Spring/Summer, 1997

**Pots, Blocks and Socks*

**The New Preschool*

Finding Quality Child Care

Books

Caring for Children in Family Child Care: A Supervised, Self-Instructional Training Program, Volumes 1&2, Derry G. Koralek, Laura J. Colker and Diane Trister Dodge, Teaching Strategies, 1993

*Developmental Appropriate Practice in Early Childhood Education, Sue Bredekamp, NAEYC

Early Childhood Care and Education:An Investment That Works, Shelley L. Smith, Mary Fairchild and Scott Groginsky, National Conference of State Legislatures, 1995

Enhancing Quality: Standards and Indicators of Quality Care for Children with Special Health Care Needs, Susan G. Epstein, et al., New England SERVE , 1989

Handbook on Quality Child Care for Young Children:Settings, Standards and Resources, Carol Ann Baglin and Michael Bender, Singular Publishing Company, 1994

Health in Day Care: A Manual for Health Professionals, American Academy of Pediatrics, 1987

Child Care and ADA: A Handbook for Inclusive Programs, Victoria Youcha Rab and Karen Ikeda Wood, Paul H. Brookes Publishing Company, 1995

Child Care and the ADA: Highlights for Parents, Child Care Law Center, 1994

*Caring for Infants and Toddlers in Groups, Zero To Three, The National Center, 1995

Curricula

A Trainer's Guide to Caring for Infants and Toddlers, Diane Trister Dodge and Derry Gosselin Koralek, Teaching Strategies, 1991

Caregivers Education Guide for Children with Developmental Disabilities, Aspen Reference Group, Aspen Publishers, 1994

Caring for Infants and Toddlers, Volumes I&II, Diane Trister Dodge, et al., Teaching Strategies, 1991

Mainstreaming Young Children: A Training Series for Child Care Providers, Patricia W. Wesley, Frank Porter Graham Child Development Center, 1992

Videotapes

Child Care in the Neighborhood: Including Kids with Special Needs, Barbara Tolbert and Valerie Taylor, Communication Skill Builders

Infection Control in Child Care Settings (English and Spanish)

**Who's Watching Your Kids? Child Care Decision Making*, Meridian Education Corporation

**Finding Quality Child Care*, Child Development Media, Inc.

**The Child Care Puzzle*, Child Development Media Inc

Brochures/ Pamphlets

Child Care for Children with Special Needs

Child Care: What's Best for Your Family Guidelines for Parents

**What Are The Benefits of High Quality Early Childhood Programs?*, NAEYC

**How To Choose A good Early Childhood Program*, NAEYC

**Finding The Best Care for Your Infant or Toddler*, NAEYC

**Child Care Aware Give Your Child Something That Will Last a Lifetime*, NAEYC

**Developmentally Appropriate Practice In Early Childhood Programs Serving Infants*, NAEYC

**Developmentally Appropriate Practice In Early Childhood Programs Serving Toddlers*, NAEYC

**Developmentally Appropriate Practice In Early Childhood Programs Serving Younger Preschoolers*, NAEYC

Information from *Parent Articles*

Organizing Your Child's Care

Children's Books

*Carl Goes to Day Care, Alexander Day

*Franklin Goes to School, Paulette Bourgeois

Tips for the First Day of School

Books

Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8, Sue Bredekamp, National Association for the Education of Young Children, 1997

*Staff Orientation in Early Childhood Programs, Barbara O'Sullivan, Redleaf Press, 1987

*Starting Out Right: Your Child's First Seven Years, Doris E. Durrell, New Harbinger Publishers, 1989

Inclusive Early Childhood Education: A Model Classroom, Marie R. Abraham, Lori M. Morris and Penelope J. Wald, Communication Skill Builders, 1993

Is It Safe? Injury Prevention for Young Children, Becky J. Smith, ETR Associates, 1994

Playground Safety Manual, Tom Jambor and S. Donald Palmer, Jambor and Palmer, 1991

Preparing Personnel to Work with Infants and Young Children and Their Families: A Team Approach, Diane Bricker and Anne Widerstrom, Paul H. Brookes Publishing Company, 1996

*Creating Child-Centered Classrooms, Step-by-Step Preparing Families for Preschool, Volume I - 8&9

Curricula

*Creating Child-Centered Classrooms, Step-by-Step Preparing Families for Preschool

Creating the Inclusive Preschool:Strategies for a Successful Program, Richard van den Pol, Jean Guidry and Beth Keeley, Therapy Skill Bridlers, 1995

Preparing Children to Learn: A Family-Centered Approach to Functional Skills Assessment Manual and Curriculum, Lee K.S. McLean, Valeris J. McNay and Ester Kottwitz, Communication Skill Builders, 1995

Videotapes

Parenting Preschoolers

Single Parenting

Basic Parenting Skills

Teen Parenting: The Baby's Owner's Manual

Development of Pre-Academic Fine Motor Skills: A Visual Analysis

Designing the Environment for Conservation

The New Room Arrangement as a Teaching Strategy

Development of Pre-Writing and Scissors Skills: A Visual Analysis

Brochures/Pamphlets

About Child Safety (English & Spanish)

Toilet Training: Guidelines for Parents

**How Can Parents Identify a High-Quality Preschool Program?*, ERIC

*How Can We Strengthen Children's Self-Esteem?, ERIC

**Ready or Not What Parents Should Know About School Readiness*, NAEYC

**So Many Goodbyes: Ways to Ease the Transition Between Home and Groups for Young Children*, NAEYC

Information from *Parent Articles*

Asking Questions

Being Aware of Your Child's Needs

Crying: What Does It Mean?

Developing Basic Concepts

Developing Responsibility

Development of Dressing Skills

Development of Intelligence in Children: The First Three Years

Development of the Preschool Child

Encouraging Cooperation in Young Children

Encouraging Listening Skills

Encouraging Your Child's Play

Giving Directions to Your Child

Help Your Child Develop Imitation Skills

Help Your Child Learn Comparison Skills

Help Your Child Learn Speech Sounds at Home

Help Your Child Learn to Ask and Answer Questions

Help Your Child Learn to Speak Clearly

Help Your Child Use Gestures to Communicate

Helping Youngsters Cope with Humor

Helping Your Child Attend and Intend to Communicate

Helping Your Child Listen to Learn

How to Make Listening Easier at Home

Improve Your Child's Memory Skills

Language Basis of Reading and Writing

Learning About Time and Space

Learning New Action Words

Learning New Words

Learning Speech Sounds Through Listening

Natural and Logical Consequences

Normal Development of Social Skills

Normal Emotional Development

Organizing Your Child's Care

[illegible]

[illegible]

[illegible]

Prevention of Reading Disability

Problem Solving

Promoting Language for Daily Survival

Promoting Turn Taking and Topic Elaboration

Reading with Your Child

Selecting a Preschool for Your Child

Self-Control in Infants and Young Children

Self-Feeding Readiness

Simplify Your Language to Help Your Child Understand

Social Emotional Development

Suggested Reading for Children

Teaching Independence: Growing Up and Away

Telling Stories: Encouraging Oral & Written Narration

Tips for Parents on Learning at Home

Toilet Training

Turn-Taking Conversation

Using All the Senses to Learn

Using Photographs to Teach Language Skills

"Where" and "How" Questions

Children's Books

[illegible]

"[illegible]"

Being a Partner in Your Child's Development and Education

Books

Effective Communication Between Professionals and Parents, Steve Phillips, et al., Dynamic Communication Process Project, Rural Institute on Disabilities, [illegible]

Equals in This Partnership: Parents of Disabled and At-Risk Infants and Toddlers Speak to Professionals, National Center for Clinical Infant Programs

Family/Professional Collaboration for Children with Special Health Needs and Their Families, Kathleen Kirk Bishop, Department of Social Work, University of Vermont, 1993

How to Get Services by Being Assertive, Charlotte Des Jardins, Coordinating Council for Handicapped Children, 1980

*Getting Men Involved: Strategies for Early Childhood Programs, J.A. Levine, D.T. Murphy and S. Wilson, Scholastic

*Learning Together: A Child Care Provider's Guide to Including All Children, Alabama State Department of Education

*Starting Out Right: Your Child's First Seven Years, Doris E. Durrell, New Harbinger Publishers, 1989

*You Are Your Child's First Teacher, Baldwin, Celestial Art

Curricula

Creating the Inclusive Preschool: Strategies for a Successful Program, Richard van den Pol, Jean Guidry, and Beth Keeley, Therapy Skill Builders, 1995

Between Parents and Professionals: Communicating Sensitive Information: A Training Manual for Helping Professionals Working with Parents of Young Special Needs Children, Lauren Ehlers and Jennifer Olson, Idaho Outreach

Building Parent/Professional Collaboration, Larry Edelman, Beth Greenland and Bessie L. Mills, Pathfinder Resources, 1992

*Creative Curriculum, Diane Dodge, Teaching Strategies, 1992

Videotapes

Parent-Professional Cooperation

Parents and Teachers in Partnership

The Team Approach

Transitioning to School

Working with Families: What Professionals Need to Know

Your Public School

Advocacy Skills Training Programs for Parents

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Information from *Parent Articles*

Development of Dressing Skills

Help Your Child Develop Feeding Skills

Help Your Child Develop Imitation Skills

Help Your Child Learn Comparison Skills

Help Your Child Learn Speech Sounds at Home

Help Your Child Learn to Ask and Answer Questions

Help Your Child Learn to Speak Clearly

Help Your Child Use Gesture to Communicate

Helping Youngster Cope with Humor

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Help Your Child Develop Feeding Skills

Help Your Child Develop Imitation Skills

Help Your Child Learn Comparison Skills

Help Your Child Learn Speech Sounds at Home

Help Your Child Learn to Ask and Answer Questions

Help Your Child Learn to Speak Clearly

Help Your Child Use Gesture to Communicate

Helping Youngsters Cope with Humor

How to Make Listening Easier at Home

Pre-Math Skills

Play Skills

Pre-Reading Skills

Problem Solving

Self-Control in Infants and Young Children

Self-Feeding Readiness

Suggested Reading for Children

Talking and Television

Talking During Bathtime

Talking During Dressing

Talking During Mealtime

Teaching Independence: Growing Up and Away

The Development of Imitation Skills

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Child's Play: From Birth to Age 3

Development of the Preschool Child

Encouraging Cooperation in Young Children

Encouraging Listening Skills

Encouraging Your Child's Play

Giving Directions to Your Child

Help Your Child Develop Imitation Skills

Help Your Child Learn Comparison Skills

Help Your Child Learn to Ask and Answer Questions

Help Your Child Learn to Speak Clearly

Help Your Child Use Gesture to Communicate

Helping Your Child Listen to Learn

How to Model Social Language

Humor for the Health of It

Social-Emotional Development

How to Choose and Adapt a Toy for Your Child

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Development of the Preschool Child

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Child's Play: From Birth to Age 3

Encouraging Your Child's Play

Fine Motor Development: The First Year

Play Skills

Principles of Normal Development

The Development of Imitation Skills

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